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A CLINICAL LECTURE.

THE USE OF THE FORCEPS; RETROVERSION WITH STENOSIS AND DYSMENORRHŒA IN A VIRGIN; OPERATION.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

THE patient is 24 years old, has been married eight years, and has had one child. The labor was an instrumental one, and resulted in a tear of the neck of the womb and of the perineum. The laceration of the cervix was operated on in another institution, and she comes to us to restore the perineum. I shall make this case the text for a few remarks on the use of the forceps. It is such a case as this that makes me contend that, although the forceps is a noble instrument, it has, take it all in all, done, and is doing more mischief than good. Why? Because the physician is not cool enough when he puts the forceps on. He has too much to do, he is impatient, and puts the forceps on while the head is still inside of the womb. This is perfectly right in some cases, but not in all the cases in which it is practised. This is the way the cervix is torn. You are not always able to prevent a tear of the os. I have torn it, and have done so wittingly in a case of puerperal convulsions. In spite of the greatest care, the cervix may be torn and you are not responsible.

Now, how do tears of the perineum occur? The immense majority of the profession deliver the head all the way through with the forceps. You, as young practitioners, are not capable of doing this. The proper plan in the great number of cases is to bring the head down to the perineum with the forceps and make it bulge, and then take off the forceps and let nature deliver the case. She will do it much better than you can. It takes a man with a great deal of coolness, judgment, and experience to deliver the head all the way through with the forceps. Some years ago I was invited to a neighboring city to attend a gathering of physicians. In the course of the evening, the subject of the forceps came up. I expressed the same views that I have just now. One of the gentlemen criticised my plan pretty sharply, and held that the perineum could be saved by the forceps. This is true in certain cases. Another member also opposed the method pretty strongly. Before six months had elapsed I was sent for to go to this place and sew up a perineum torn right through the sphincter by one of these gentlemen. Before the year was up, the other gentlemen sent for me for a similar purpose. My rule, which I almost invariably follow, is to remove the forceps when the edge of the perineum begins to grow tense and looks as though it might yield.

Suppose you do meet with a laceration of the perineum, put in the stitches at once. Do not conceal the accident. If you have taken the forceps off as I have suggested, it cannot be said that the instrument was the cause of the tear. These tears always look worse immediately after labor than they do the next day. When you are in doubt, put in a stitch. I should advise you to always carry needles of sufficient length. Make it a rule always to examine the

perineum after labor, for if you do not you will be caught some time. I shall never forget the case of a gentleman of large experience who had been tugging away at the head for a long time until he was completely demoralized. He then sent for me, and I worked until at last the head was on the perineum. When the perineum began to bulge, I handed the forceps to him, expecting that he would simply bring the head a little further and then remove the forceps. But, as often happens under such circumstances, he had become demoralized. Indeed, a French physician has written a rather exaggerated article on the delirium of physicians, in which he refers to the demoralization by long-continued wearisome work by the side of a patient, and mentions some very extreme instances. The physician to whom I have referred, at once turned the head out, and after delivering the woman went to wash his hands. I examined, and found a tear completely through the sphincter, and great was his astonishment when I called his attention to it. We sewed it up and it united perfectly. In many cases of laceration neither the physician nor the patient is aware of the injury until the bowels have been opened. The examination should always be made with the finger in the rectum and the thumb in the vagina. In this way the tear will not be overlooked. If the tear is through the sphincter, I should advise that you do not perform the operation without assistance, unless you have a trustworthy woman on whom you can rely. It is necessary to give ether.

In performing the operation, the parts should be cleansed and a sponge introduced into the vagina to prevent blood trickling down and obscuring the parts. It is not easy, especially at night, to distinguish the torn parts from the undenuded, congested structures. The sutures should, if possible, be buried. In regard to the management of the bowels, I am a little uncertain. Where the tear does not extend through the sphincter, it makes little difference whether the bowels are opened at the end of four days or at the end of a week. When the tear involves the sphincter, it is an important question whether the bowels should be kept open or bound. I have been quite successful in this operation, and I have kept the bowels bound for from eight to eleven days. I remove the stitches on the eighth day, and then wait three days longer before opening the bowels. In the evening, I employ an injection of one ounce of glycerine with one or two ounces of sweet-oil, and the following morning give a dose of castor oil. I once had the perineum torn when the bowels were opened. I have also had the sphincter torn open a little so that it was not as perfect as it should be. In my later cases, I have been using the method of opening the bowels after three full days by the use of small doses of sweet oil, and then waiting until the end of a week before again opening.

Let me say a word with reference to supporting a perineum. My rule is to never support a perineum. The perineum is not what needs support. It is the head. The perineum is the elastic ring through which the head must come, and you want to let it religiously alone. By placing the hand upon the head, you can keep it from descending. This is aided by telling the patient to cry out when she has the pain. Suppose the head comes down and the perineum looks as though it must give way, are you justified in making lateral incisions? I think so. I do it occasionally. It at least does no harm. It can be done with a blunt-pointed bistoury during a pain, and if a stitch is put in will heal quickly.

Where the perineum is rigid, ether may be used. During a long labor, the patient becomes worn out and nervous. As a result of the nervousness the perineum becomes dry. Warm water, with plenty of vaseline, will soften it; as a French physician has said, all that is necessary is plenty of grease and more patience. Ether aids in relaxing the parts. It has also the advantage of giving you complete control over the labor. When I say ether, I mean chloroform. As soon as the patient feels the pain, a few drops of chloroform may be put on the towel, and a few whiffs obtunds the pain. Chloroform, I think, does not interfere with the secretions as much as ether does. In my opinion, chloroform is the anæsthetic to be used in labor. It may be used with the Allis inhaler, or it may be given on a towel, precautions being taken to admit a free supply of fresh air.

Rapid Dilatation of the Cervix for Dysmenorrhœa.—Our next patient is a girl 19 years of age. Puberty began at the age of twelve years, and it was ushered in with severe pain, and menstruation has ever since been accompanied with pain. With such a history we should expect to find anteflexion, because this

is the natural position of the womb. We rarely get posterior flexions except in women who have born children. There are, however, exceptions to this rule. Anteflexion *per se* is not a disease. I wish to impress that upon your minds. It is the natural position of the uterus. In cases of irritable bladder, where the patient has to pass water frequently, and has to get up several times during the night, it is rare to find that this is due to anteflexion. This is a point upon which the great majority of physicians err. An unmarried woman, or a married woman who has not born children, will come complaining of the symptoms of irritable bladder with bearing down pains. The physician makes a vaginal examination, and discovers the fundus of the uterus pressing upon the bladder, and at once jumps to the conclusion that the trouble is due to anteflexion, and treats her accordingly. Occasionally anteflexion will cause these symptoms, but it is only when the womb is hypertrophied or is the seat of a tumor. This condition of the bladder is, in the great majority of instances, a nervous one; it is hysterical and due to emotional influences. I will venture to say that in ninety-nine out of one hundred cases of irritable bladder associated with anteflexion, the trouble is entirely nervous. It is a nervous bladder.

Let us now turn to our patient. Examining with the finger, I do not find an anteflexion. We have here a retroversion. This displacement does not produce dysmenorrhœa. That stands to reason, for it is simply a tilting backwards of the whole organ. A retroflexion might cause dysmenorrhœa. In this case the difficulty must be due to a stenosis, or narrowing. This is one of the exceptional cases of retroversion in a virgin. By pushing hard, I get the sound past the external os. It seems a strange thing to me that the profession are divided as to the usual seat of the narrowing. Dr. Barnes, of London, and a number of English physicians, claim that the contraction is at the external os. The great majority, however, believe that the contraction is along the whole tract, but especially at the internal os. This is my opinion. Once in a while we get hold of a pin-hole external os, but I believe that in the majority of instances the whole canal and the internal os are the seats of the narrowing.

I shall at once proceed to dilate the cervix. The vagina will first be cleaned out with carbolized water. In this operation some lesions will be produced, and trouble might arise from the introduction of some offensive discharge from the vagina. This makes my two hundred and twenty-fourth case of dilatation of the cervix for dysmenorrhœa or sterility. In three-fourths of these cases I have not employed antiseptic precautions. I do not see that there has been any difference in the results, but, with our present knowledge, I feel that I should be unwarranted in performing any operation on the genitalia without antiseptic precautions.

I pass the dilator as far as it will go and then dilate a little, and continue to repeat this process until the ends of the instrument pass the internal os. The uterus, besides being retroverted, has a little bend, and I shall, therefore, turn the dilator inside of it so as to bring the organ into its normal position. Having prepared the way by the smaller dilator, I introduce a stronger instrument and gradually dilate.

In my opinion, this is, above all others, the operation for dysmenorrhœa and sterility. Sponge tents are hazardous, painful, and unsatisfactory. Last Saturday I performed dilatation in a case which had been treated with sponge tents without benefit. In the use of tents there is always a liability to produce septicæmia. Rapid dilatation is, however, not infallible, although in the majority of cases it succeeds. When I say that I expect to cure this girl, I do not mean that I shall relieve her of every vestige of pain, but she will have so little pain that she will not even have to take gin, which is, by the way, an excellent stimulant under these circumstances. She will have to go to bed. I was recently sent for to perform this operation in a case where the physician thought the patient could not live through another attack. I dilated up to one and one-fourth inches, and the patient has since had no trouble. In another case, the menstruation went from bad to worse, until, in the period before I saw her, two physicians were in attendance for forty-eight hours, giving chloroform. One dilatation cured her, and she never had to take another dose of medicine for the pain. I can recommend this operation to you for its successful results and its freedom from danger.

The patient is usually not compelled to remain in bed more than two or three days. In some cases there has been slight peritonitis, but never sufficient to cause any alarm.

I shall try to dilate this cervix up to one inch. You might think that this would cause

a tear of the neck of the womb. In four or five cases I have had slight tears, which have, however, never required a suture.

While the dilator is in position, I shall throw some carbolized water into the cavity of the uterus. I usually employ the solution of bichloride of mercury (1 to 2000). After the operation, there will, of course, be some contraction, but a large amount of this stretching will be permanent. I leave the dilator in position until she begins to come out of the ether. A suppository, containing one grain of the aqueous extract of opium, was introduced at the beginning of the operation, so that it would commence to act when the effects of the ether passed off. She will now be put to bed, and, if necessary, the opium suppositories will be repeated, according to the severity of the pain.

ORIGINAL COMMUNICATIONS.

THE RESULTS OF SCLEROTOMY IN GLAUCOMA.

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THE great divergence of opinion in regard to the value of sclerotomy in glaucoma, which is manifested in the different papers and discussions on the subject, and which I had occasion to experience in personal intercourse with the most prominent oculists during my recent trip through Europe, prompts me to lay briefly before the medical profession the results of my observations on the action of the new method of treatment in the different forms of glaucoma. These observations may claim a certain interest, if it were for the reason only that they are enabled to throw some light upon a question, the correct answer of which involves the solution of the whole problem. I have in mind the question relating to the durability and permanency of the effects of sclerotomy in glaucoma, which has hardly received due consideration until now. All statistical reports on operations, as they are generally presented, are but of relative value in judging of the intrinsic worth of the operative procedure. They tell us only of the immediate success or failure, they show us the condition of the cases at the time of their discharge from treatment. Of their after-history hardly any notice is given. And just this knowledge of the further condition of the cases in question is the touchstone by which the real value of any method of treatment should be tried. From the standpoint of severe criticism only such cases should be admitted to testify as trustworthy witnesses in the controversy about the merits or demerits of a new method of treatment which have continued to remain under the notice of the physician long after the cure proper had been effected. However small the number of such observations may be which are allotted to a single physician, every one of them has its great importance, for the reason that they have to be considered as bricks in the edifice, which can only be built up by collaboration, and patient observation of all laborers in the field of research. In this sense I beg the statistical data to be accepted. But I caution the profession to be guarded against regarding sclerotomy as a uniform operation performed by every surgeon after the same principles.

The term "sclerotomy" covers a great variety of operative procedures, some of which have nothing in common with each other but the name. The one oculist indulges in a very peripheral section through the sclera, with the intention to divide Schlemm's canal, which presents to him the only curative effect, the other makes the section through the corneo-scleral tissue, and still another through the transparent margin of the cornea. Galezowski makes with a knife, especially invented for the purpose, at the same sitting, four incisions of about four to five minims in length at the corneal margin (upwards, downwards, inwards, and outwards), in order to prevent prolapse of iris, which, on the contrary, is favored and intentionally produced by another. And there is no end to the modifications and variations of the operation. In view of these facts, which fully explain the contradictory statements of the different operators regarding the value and efficacy of sclerotomy in glaucoma, I deem it expedient to explain my acceptation of the term "sclerotomy," and to describe the method of operation I have employed in my practice. By "sclerotomy" I understand a distinct operation, which consists in making a section of the sclera without excision of the iris, avoiding the prolapse of the latter. This section I have made in the sclero-corneal border in the most cautious manner, in slow, drawing motions of a Graefe's knife, which was cautiously withdrawn after a flap as for linear extraction of cataract had been formed, allowing the *humor aqueous* to escape

but very slowly. In the great majority of cases I left a scleral bridge; in a few instances the section was completed and the conjunctival flap cut. Instillations of eserine were freely used before the operation in order to bring about the utmost contraction of the pupil. In no case have anæsthetics been administered.

Of the ninety sclerotomies which I performed in the last nine years, from 1876 to 1885, there were:—

24	for glaucoma	simplex.
23	" "	subacutum.
6	" "	acutum.
1	" "	fulminans.
5	" "	secondarium acutum.
10	" "	inflammatorium chronicum.
21	" "	absolutum.

The results of the operation were as follows:—

(*a*) *Glaucoma Simplex.*—Of the twenty-four cases of this affection, iridectomy had preceded in seven. Of these, six were permanently benefited by sclerotomy, as I had occasion to experience by a further observation, extending over a period of from eleven months to three years. In one case vision began to fail three months after sclerotomy, but no increase of tension, and no change in the ophthalmoscopic condition took place.

Of the seventeen cases in which sclerotomy had been resorted to from the beginning, there was a full success in eight, with considerable increase in vision, and a great enlargement in the field of vision. The favorable result could be ascertained in seven instances, during a further observation of from eleven months to four years.

In two cases relapse occurred after a year of perfect health. A second sclerotomy effected permanent cure in one case (four years' observation); the other suffered total loss of vision after iridectomy had been performed by another surgeon.

In two cases, with eccentrical fixation and great reduction of vision, sclerotomy succeeded in checking the morbid processes, which remained stationary during a further observation of seven months.

In three cases prolapse of the iris occurred during section, which necessitated iridectomy.

In two cases, with morbid alterations in the background of the eye, intraocular hemorrhages followed in the course of after-treatment, leading in one instance to total blindness. In the other, vision decreased from $\frac{1}{40}$ to $\frac{1}{70}$. Iridectomy, performed by another oculist, did not check the progress of the affection, and reduced vision to counting fingers at six feet distance.

(*b*) *Subacute Glaucoma.*—In this affection sclerotomy was performed nine times for relapse after iridectomy, twice in aphakial eyes and twelve times primarily.

Of the nine cases in which iridectomy had preceded, a full success was obtained in eight. Vision improved, and field of vision enlarged. The condition remained permanent during a further observation extending over a period of from two to six years. In one case in which vision had decreased after iridectomy, sclerotomy succeeded in checking the progress of the affection and preserved the remaining vision.

Of the two instances of subacute glaucoma in aphakial eyes, I observed the one in my own patient, of seventy-four years of age, whose right eye was attacked by glaucoma on the seventh day after operation for cataract in its capsule had been successfully made. Sclerotomy checked at once the morbid process. Recovery was good. No excavation of the optic disc, and no limitation of the field of vision remained.

The second case was that of a man fifty-four years of age, in whose right eye subacute glaucoma developed five years after the operation for cataract had successfully been performed. Sclerotomy restored normal tension and brought vision from $\frac{6}{200}$ to $\frac{12}{70}$. Field of vision did not enlarge.

Of the twelve cases in which iridectomy was resorted to from the outset, prolapse of iris occurred in two, which necessitated iridectomy. In three cases intraocular hemorrhages followed the operation, leading to total loss of vision. In one case relapse occurred after three months. In the others the full effect of the operation remained permanent during an observation of from two to six years.

(*c*) *Acute Glaucoma.*—Of the six instances of this affection iridectomy had preceded in two, which were permanently cured by sclerotomy. Of the cases in which sclerotomy was primarily performed, there was an acute exacerbation of the morbid process in one, which led to iridocyclitis, and consequently to phthisis of the eyeball. In the three others a full and permanent cure was obtained by the operation, as was shown by a further observation of three years.

(*d*) *Fulminant Glaucoma.*—In this case there was perfect recovery after sclerotomy, with no change in the condition during a further observation of years.

(*e*) *Secondary Glaucoma.*—In two instances of acute and in three of subacute glaucoma, which developed in the course of corneal ulcerations, serous iritis, and irido-choroiditis, sclerotomy succeeded in checking the morbid process, and in restoring normal conditions, which were maintained during a further observation of from three to five years.

(*f*) *Chronic Inflammatory Glaucoma.*—Of the ten cases of this form, iridectomy had preceded in four. Of these, sclerotomy failed in one, and obtained a fair success in the others. Of the six cases in which sclerotomy was performed primarily, the morbid process was checked in all, with improvement of vision in five. A further observation of two cases showed the improvement permanent for over five years in one, and only transitory in the other.

(*g*) *Absolute Glaucoma.*—In consequence of acute exacerbation of the morbid process in absolute glaucoma twenty-one sclerotomies were performed, in nineteen cases of which four presented one and two double iridectomy. Prolapse of iris occurred in one instance, and in two others sclerotomy failed to abate the symptoms of inflammation. In the other eighteen cases the immediate result of the operation was most beneficial. Symptoms of irritation subsided, and tension became mostly normal. The effect remained stationary in sixteen cases, during a further observation, covering a period of from five months to eight years. A relapse occurred in two cases after a free interval of eight weeks and seven months respectively, which was checked by a second sclerotomy.

A *résumé* of the results obtained by sclerotomy in the ninety cases of different forms of glaucoma will show:

Full success in	70	instances.
Medium success in	6	"
Prolapse of iris in	6	"
Failure in	8	"

The facts show that sclerotomy shares with iridectomy the property of diminishing the intraocular pressure, checking the glaucomatous process, and securing a certain restitution in the functions of the eye. Certainly this aim is not always attained, and sclerotomy also shares with iridectomy its failures. But sclerotomy, if it succeeds, has the great advantage over iridectomy that, by leaving the iris intact, it is not accompanied with the optical disadvantages (symptoms of dazzling, polyopia, etc.), which are so often caused by the latter.

Summing up the results of my observations, I do not hesitate to put forth sclerotomy as the first indication in the following conditions:—

1. In absolute glaucoma.

2. In secondary glaucoma and in glaucomatous-like conditions of the eye, as observed in iritis, serous choriditis, in certain forms of keratitis, etc.

3. In all cases of glaucoma, in which iridectomy had been made, and the reappearance of the glaucomatous process necessitates the repetition of the operative procedure.

4. In glaucoma simplex, especially where the visual field is contracted nearly to the point of fixation.

5. In chronic inflammatory glaucoma, with contraction of the field of vision up to the point of fixation or over the latter.

In all other instances sclerotomy may be resorted to, provided there can be obtained a perfect contraction of the pupil under eserine.

ON THE NECESSITY FOR ADDITIONS TO THE MEDICAL JURISPRUDENCE OF MENTAL DISEASES.

BY EDWARD C. MANN, M.D.

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(Concluded from August number.)

WE may have partial insanity, in which either the intellect, the emotions, or the will may be together or separately affected by disease in a manner to completely annul responsibility. We are aware that our views are diametrically opposite to those of Lord Hale, who, by the light of an ancient mental pathology, said, "Partial insanity does not excuse the commission of an offence in its matter capital." Lord Hale acknowledges himself that "it is very difficult to define the invisible line that divides between perfect and partial insanity."

If we say that a person who has sufficient mental capacity to distinguish between right and wrong in reference to his particular act, and to be conscious that it is wrong, is sane, then we must empty our insane asylums of one-half their inmates, as they are by this test of sanity held there unjustly and in defiance of law.

If an individual, by reason of disease affecting the mind, entertains false truths, has un-

warranted and unsound delusions or hallucinations of the special senses, has his natural affections perverted by disease, cannot estimate correctly the amount of property he is possessed of, has delusion of wealth or grandeur, has not the capacity to exercise mental control over his actions, or the capacity to exercise will in reference to his conduct, he has not proper testamentary capacity.

Testamentary Capacity.—If an individual is intellectually and morally sane in reference to the commission or execution of a legal document, understands the nature and amount of property he is disposing of; does not ignore the claims of natural relationship, is not influenced in the making of a will by delusions respecting those nearest and dearest to him, such an instrument is valid even if the person making such an instrument be the subject of mental disease and confined in an institution for the treatment of mental disorders.

In delusional insanity it must be remembered that the premises reasoned from by the lunatic are uniformly false. The intellect is diseased. The imagination is diseased and disordered. Morbid delusions and not real circumstances are the impelling motives to act.

Mania has two divisions: the first embraces intellectual mania, both general and partial. The second, moral mania both general and partial. This division or classification of the active forms of mania will fail to be clearly understood except by those who have accustomed themselves to look at the mind in its sane state, as being made up of intellectual and moral powers and faculties, and of clearly discriminating the differences between them. The distinct office of the one is to originate and elaborate all the diversified forms of thought; to perceive, conceive, imagine, remember, judge, associate, reason. That of the other, is to produce every modified form of feeling, to give birth to emotion, passions, desires, everything that impels or in any degree feels. The relations in which these two departments stand to each other, are in the highest degree interesting. The moral faculties, embracing, as they do, all the instincts, propensities, sentiments, and affective powers, are, in themselves, perfectly blind, and absolutely require the aid of the intellect to guide and to enable them to work out their various purposes. On the other hand, the intellectual faculties derive all their motives to exertion from the moral department, without the promptings of which they probably never would exert themselves, except in the feeblest manner.

In the moral or affective department is lodged the immense magazines of motives, that exert their ceaseless and widely diversified influence on all the stirring activities of life.

As intellectual mania arises from the perverted action of the faculties that form ideas, and moral mania from those that furnish feelings, emotions, motives, and passions, we should naturally expect to find the first more characterized by the conversation, and the last by the conduct of the individual. This, accordingly, will be found to be the fact, and it affords one of the best means of discriminating between the two.

Moral Insanity.—Hitherto, the attention has only been directed to the exaltation and perverted action of those faculties that constitute the intellectual part of man's nature. It is perfectly obvious, however, that the affective or moral powers are equally as essential as the intellectual in constituting a complete human mind. Nor can the organs of these faculties claim an exemption from disease; nor the faculties themselves from perversion and derangement. Hence, another form of active mania, which has been termed moral mania. This was never recognized as a distinct form of mental alienation until the time of Pinel. He was the first to observe, about the commencement of the present century, that where there was no lesion of the understanding, no delusion or hallucination of intellect, there might exist a kind of instinctive or abstract fury, which could only be referable to the affective powers. This is now very universally admitted by the most approved authors on mental alienation. It is defined to consist in "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect or knowing and reasoning faculties, and particularly without any maniacal hallucination."—(Guy's Principles of Forensic Medicine, page 306.)

In general moral insanity, a strict inquiry must be made in relation to the former habits, disposition, and modes of feeling and action. This will probably result in one of two things. Either a marked change will be found to have occurred, which will be likely to date from the period when was sustained some reverse of fortune, or experienced the loss of some near and dear relative, or the alteration will be found to

have been gradual and imperceptible, consisting in an exaltation or increase of peculiarities which were always natural or habitual. There is also another tolerably extensive class of cases in which the change has been subsequent upon some shock which the bodily constitution has undergone; and this has been either a disorder affecting the head, an attack of paralysis, a fit of epilepsy, or some fever or inflammatory disorder. The change, however brought about, is always found in the temper, disposition, habits, and moral qualities of the individual, and is uncomplicated with any delusion, or other evidence of derangement of the intellectual faculties. It is properly described by Hoffbauer as being a state in which the reason has lost its empire over the passions, and the actions by which they are manifested, to such a degree that the individual can neither repress the former nor abstain from the latter. It does not follow that he may not be in possession of his senses, and even his usual intelligence; since, in order to resist the impulse of the passions, it is not sufficient that the reason should impart its counsels, he must have the necessary power to obey them. The maniac may judge correctly of his actions, without being in a condition to repress his passions, and to abstain from the acts of violence to which they impel him.

Partial moral mania consists in the deranged or perverted action of one or a few of the affective or moral power or faculties. The effect of it is to place the individual under the dominion of some one vice or ruling idea, which exercises a sway perfectly tyrannical over the entire man and his actions. Every moral power of faculty is likely to be perverted or deranged in its manifestations; but those which are the most prominent, and the most frequently exhibited in the affairs and conduct of life are the most liable to deranged action.

Respecting Homicidal Moral Insanity.—This at the present day is a subject of immense interest throughout the civilized world. Here, in a most peculiar manner, and with most appalling results, is shown the amazing strength of insane impulse, which, by a power and energy resistless, impels the wretched being to destroy life, without a motive to actuate, or an end to be attained or object to be accomplished. Individuals in the full possession of their usual powers of intellect, whose social and moral organization to all appearance remains unaffected, have imbrued their hands in the blood of the innocent, frequently in that of their own wives and children, simply because they felt that they must destroy.

Respecting Irresponsibility in Moral Insanity.—Irresponsibility in moral mania rests on a different principle from that of intellectual. There is here no delusion, no false assumption of fancies for facts. The intellectual faculties may remain undisturbed in their operations, while the moral are exhibiting every variety of derangement. This, it is true, seldom occurs, as extensive derangement of the moral power is commonly accompanied with some perversion of those of the intellect. Nevertheless, as the one set of faculties is independent of the other, there exists the possibility of their separate derangement. As the moral powers embrace the motives and promptings to action, the derangement of one or more of them must seriously affect the volition upon which the act depends. Actions are volitions carried to their extremest limits. They take place when nothing is wanting to render the volition complete, and they are themselves its most perfect evidence. Without the proof they furnish, there is no accountability to human law, as man can be accountable to God only for the volition he forms in his own mind but leaves unexecuted. The principle of forming volitions and of carrying them out into acts must be fully possessed, to render a being accountable. When, therefore, the first is necessarily rendered incomplete, or the last prevented by some insurmountable obstacle, all accountability is destroyed. It is in the first only that we witness the agency of moral mania. It is a disturbing element thrown into the very sources whence volitions are derived; and either contribute, in a large measure, to the formation of those that would otherwise remain unformed, or prevents the formation of others that would otherwise be formed. In either way, it disturbs the ordinary normal operations of mind, and thus absolves it from accountability. It is not easy to define in what respect this new element modifies the volition or the act. The inquiry in relation to the former is unnecessary, except so far as it qualifies the latter. In regard to the manner or respect in which it modifies or affects the latter, so as to absolve from its consequences, there can never be expected an entire agreement between writers or thinkers, or even the decision of

judicial tribunals. I have supposed we might find in irresistibility a principle upon which all might agree. That whenever this quality should be found attached to an act, so far as to control it, the actor, in respect to such act, should be deemed irresponsible. Without moral liberty there can be no responsibility for crime. In the normal, sane state of the faculties, this enters as an essential element. In the deranged state of the normal faculties, where the sources of impulse, motive, and feeling are perverted and deranged, this liberty is destroyed, and with it the accountability for actions. Irresistibility, where it arises from deranged or perverted actions should absolve from all accountability, because—

1st. The act is unavoidable, and the action, therefore, is no more a subject of punishment than a machine for going wrong when some part of its machinery is out of order. To administer punishment under such circumstances would shock all the moral sympathies of men.

2d. One of the purposes of punishment could never be answered by it, viz., the reformation of the criminal. If the act be irresistible, the whole effect of punishment upon the individual must be lost.

3d. Another of the purposes of punishment would remain equally unanswered, viz., the salutary effect to be produced by it upon the minds of others. That effect, instead of being salutary, would be in a high degree injurious, as it would shock all moral sensibilities, and create a horror of the law itself, which could thus needlessly sacrifice life without answering any good end or purpose. From this view it should follow:—

That in any given case, where insanity is alleged as a defence for homicide, that if at the time of the killing the reason and mental powers of the individual who committed the deed were so deficient that he had no will, no conscience or controlling mental power; or if, at the time of the homicide, through the overwhelming violence of mental disease, his intellectual power was for the time obliterated; then in either of such cases the individual should not be held guilty of murder, or, if from the evidence in the case it shall appear that the individual who committed the homicide was for a long time before and at the time of the killing laboring under mental disease, attended with delusion, and that, in a paroxysm or outbreak of this disease of the mind, his reason and judgment were for a time overwhelmed and suspended, and while they were thus overwhelmed and suspended, the individual committed a homicidal act, the individual is not guilty of murder; or if by reason of mental disease an individual becomes subject to great, causeless, and violent paroxysms of rage, so that in any given case his power of distinguishing whether he is committing a crime or not is lost or suspended, he would not be guilty of murder if he committed a homicide; or, if in any given case the evidence shall show that from any predisposing cause an individual's mind is impaired, so that there is a prolonged change in his character, becoming sad, gloomy, and unsociable, and without interest in things he was formerly interested in; and that under the influence of said causes he becomes incapable of governing himself in reference to any particular person, and at the time of his committing a homicide is, by reason of said causes, unconscious that he is committing a crime as to such particular person, he should not be held guilty of murder in case of a homicidal act committed on such person.

SUNNYSIDE PRIVATE HOSPITAL
FOR NERVOUS AND MENTAL DISEASES,
204 Lefferts Place, Brooklyn, N. Y.

*AN ADDRESS IN MEDICINE.**

BY JOHN V. SHOEMAKER, A.M., M.D.

MR. PRESIDENT AND GENTLEMEN: The honor which you conferred in appointing me to prepare the address on medicine for the present session carries with it great labor and serious responsibility. The ideal address on medicine should contain not only a *résumé* of the progress made and the new discoveries announced in the different branches of our science during the previous year, but it should also contain a critical examination of the statements made and the theories advanced in each department of medicine, so that the chaff can be winnowed from the wheat, and our knowledge strengthened by the addition of valuable truths and the rejection of worthless statements and visionary theories. This task, which would not be easy under any circumstances, has been increased to a formidable degree during the past four years by the overgrowth of modern specialism. Indeed special-

* Delivered before the Thirty-seventh Annual Session of the Medical Society of Pennsylvania, held in Williamsport, Pa., June 2, 3, and 4, 1886.

ism has developed in a comparatively short period from the necessary and legitimate consideration of diseases of the eye and ear, and one or two other organs, into a monstrous incubus which casts a shadow over every department of medicine.

It would be the height of folly to deny that all the advances in medicine are the result of clinical observation and experimentation combined with thorough investigation of the functions of the different organs of the body, and the manner in which those functions are modified in health and in disease by various therapeutic agents, but no real addition to our knowledge has been, or can be made by the purblind specialist who attributes all the ills of humanity to a derangement of the organ which he has made his study. He is the bane of modern medicine. The antidote is to let him alone severely. Not understanding or not appreciating the fact that the bond of sympathy between every organ of the body is so close that when one is affected all of the rest suffer, he contributes little to the general fund of information but a multitude of words which are intended to magnify himself and mystify his hearers. Emboldened by the tolerance with which he has been received, he has become so arrogant as to assume that the medical wisdom of all the ages is centered in his person, and that he is the master and not merely the supernumerary of the profession. I trust that this absurd delusion will soon be dispelled and that the practitioners of this State and country will arouse to the necessity of checking the further growth of this excrescence on the body politic.

The thoughtful, reading, busy country practitioner is fully competent to treat and cure any curable affection, and if a cure be impossible, the patient's sufferings can be alleviated and his life prolonged just as well and as scientifically at home as in New York, Philadelphia, or Boston. The successes of the specialists are heralded to the world; their mistakes and their failures are passed over in silence. No two trees in a forest are of exactly the same size, and there are, and always will be physicians who are preëminent among the prominent of the profession, but the assertion that there are any diseases which the general practitioner should not attempt to treat is contemptible and untrue. In fact the arrogance of modern specialism is frequently surpassed by its ignorance. It is only a short time ago since one of the most pretentious of New York specialists argued violently that the respiration in croup is slower than normal. Country practitioners who have seen children panting for air, while their respirations rose to 50, 60, 80, and 90 per minute can see from this that overbearing egotism does not always imply intellectual superiority. Many other instances might be referred to, such as exsecting a rib for an imaginary empyema, opening the gall-bladder in search of gall-stones that existed only in the mind of the operator, the barbarous and useless castration of women, and similar outrages. Suffice it to say that the columns of the current medical journals contain ample evidence of the ability of the general practitioner to meet all emergencies, and show that the claim of superior intelligence on the part of the specialist is utterly unfounded. The glory of American medicine does not rest upon the inherited qualities of any one man or set of men, but upon the learning and skill of the medical profession of the entire country.

The most practical observations on medical physiology which have appeared during the year are those of Alexander Harkin, of Belfast, in which he directed attention to the many disorders of the genital organs which are produced by congestion of the medulla oblongata. If Dr. Harkin's admirable observations on this subject were carefully studied by modern gynæcologists the present craze for castrating women would speedily subside. Dr. Harkin has also called attention to the depression of the sympathetic nervous system in cholera, and the necessity of adopting measures to counteract that depression.

Dr. Isaac Ott, of Easton, Pa., began a series of investigations some time ago to ascertain what relation the nervous system bore to the production of heat and the maintenance of the temperature of the body. These researches are not finished yet, but enough has been ascertained to indicate the existence of heat centres in the cerebrum, and that they are situated in the anterior portion of the optic thalami or in the cortex surrounding the corpora striata.

A curious case reported by M. Tarchanoff is that of a medical student who possesses the power of retarding and accelerating the beats of his heart at will.

Ewald and Boas, of Berlin, have made a

series of investigations of the process of digestion, as the result of which they state that stomachic digestion consists of three stages: during the first stage, which lasts half an hour, the gastric juice contains lactic acid; in the second stage, occupying from half an hour to an hour, both lactic and hydrochloric acids are present; during the third stage, consuming an hour or an hour and a half, hydrochloric acid is the only acid exhibited.

The field of bacterial investigation is still being diligently worked, but no very practical results have yet been arrived at. Virchow acknowledges the importance of this subject, but justly deprecates the folly of assigning a bacterial origin to all maladies, and believes that the day of the cells will soon come again. The subject of ptomaines has also received considerable attention. The poison of decaying cheese has been isolated by Dr. Vaughan and termed tyrotoxicon.

The theory that the poison of cholera acts primarily on the mucous membrane of the intestinal canal and secondarily upon the sympathetic nervous system has gained many adherents during the past year. The treatment based upon this theory consists in the addition of dilute sulphuric acid to all drinking water as a prophylactic measure, and in the administration in the early stages of the disease of large doses of calomel or ipecacuanha in order to produce a free outflow of bile into the intestinal tract, the biliary secretion being destructive to all forms of low organisms. In the second stage the depression of the sympathetic nervous system can be most effectually counteracted by the administration of atropia, strychnia, and capsicum. Dr. Harkin has obtained brilliant results from the application of blisters over the course of the upper portion of the pneumogastric nerve in severe cases of cholera morbus, and earnestly urges a trial of the same measure in true cholera. Dr. W. B. Ryan, of Indiana, has directed the attention of the profession to belladonna or its alkaloid, atropia, in the treatment of cholera infantum. As this disease does not differ materially either in etiology or symptomatology from the cholera morbus and sporadic cholera of adults, there can be no doubt of the value of belladonna in its management. Dr. Ryan is certainly entitled to our warmest gratitude for presenting the profession with an effective remedy for this dreaded complaint of infantile life. The prevention of cholera infantum is of even more importance than its successful treatment. The best prophylactic measure is frequent bathing of the entire surface with cold water. Attention to the diet is also of prime importance, but unless the effects of the excessive summer heat be counteracted by the free use of cold water great mortality will ensue. After an attack has been fully developed cold bathing will still be found beneficial, and in many cases indispensable.

Dr. J. J. Mulheron, of Detroit, has truly said that "Baths hold an important place in the treatment of the fever of cholera infantum. The soothing influence of a cold bath on a child whose temperature has reached 103° Fahr., and the increased activity of the drugs administered after the bath, need but to be witnessed to make converts to this much neglected remedy in the treatment of cholera infantum. The child should be immersed up to the neck in water at a temperature of 95° Fahr., to which cold water should be added until the bath reaches 70° Fahr. or even lower, the condition of the patient, his temperature, etc., being the guide to the reduction. No hard-and-fast rules can be laid down to govern the temperature of the bath or its frequency; the condition of the infant must be the guide which the good sense of the physician must be trusted to interpret and follow."

Several articles have been published during the past year in reference to the hypodermic use of antipyrin in the treatment of sunstroke or thermic fever. The results do not appear to justify its further employment. Sunstroke can be averted by drinking freely of cold water and avoiding excessive exertion during the heated term. If an attack supervenes the best remedies are free ventilation and the copious external application of cold water. If the pulse be full and bounding, venesection may be resorted to with advantage, or aconite may be administered hypodermically.

Dr. H. C. Wood has observed a number of cases of lead poisoning, in which the true nature of the malady was not suspected for a long time, and urges that a careful examination of the urine should be made for lead in all obscure cases of long standing. In connection with this subject it may be stated that Dr. W. S. Janney believes that, in our climate, few, if any cases of cholera morbus occurring in persons not previously debilitated will ter-

minate fatally, and that many of the deaths which are attributed to that disease are in reality due to the secret administration of a vegetable or a mineral poison.

Dr. Pavy has directed attention to the fact that the presence of albumen in the urine unaccompanied with other symptoms does not necessarily imply a diseased condition of the kidneys. There are many persons whose urine becomes albuminous whenever the blood-pressure is increased as by exercise, mental strain, or a heavy meal, but the albumen disappears in a few hours and the general health remains entirely unaffected. Small quantities of sugar may also appear in the urine occasionally without possessing any special significance.

Several writers in this country and in England have claimed that the relationship between quinsy and rheumatism is so close that practically speaking the former may be defined to be a localized rheumatic inflammation of the tonsils. In proof of this they point to the fact that the majority of cases of quinsy occur during cold, damp weather, and are benefited by the salicylates and alkalies. This argument is ingenious but not convincing. The salicylates and alkalies are beneficial in quinsy because of their sedative and derivative antiphlogistic action, and not because of their antagonism to an imaginary rheumatic etiological factor. Far better results can be obtained moreover by the administration of aconite and guaiac in doses sufficient to produce free diaphoresis and a decided reduction in the force and frequency of the cardiac movements.

Pulmonary syphilis has received considerable attention, but not as much as its frequency and its importance deserve. The principal diagnostic points by which it can be differentiated from pulmonary tuberculosis are the history of a specific infection, the dry, irritating character of the cough, the absence or insignificant character of the râles, the absence or infrequent occurrence of hæmoptysis, the normal appearance of the chest notwithstanding the large area of induration, the substernal tenderness, the thickening of the tibia and clavicles, the absence of bacilli from the sputa, and finally, the absence of severe febrile symptoms; the temperature usually remaining about normal and rarely rising above 101 or 102° until late in the course of the disease. Improvement rapidly follows the internal administration of mercury and potassium iodide. In cerebral syphilis the most effective results can be obtained from mercury used hypodermatically or by inunctions, as by either of these methods the system can be more quickly impressed with the remedy.

Dr. Wilkinson has directed attention to the value of hypodermic injections of carbolic acid in carbuncle. Drs. Schuppert, Stewart, and Woodbury, in a series of valuable articles, have insisted upon the necessity of recognizing the difference between tetanus and tetany. The prognosis in the latter disease is almost always favorable while in the former recovery is rare. Tetanus is almost invariably a complication of a preëxisting wound or injury, while the so-called idiopathic tetanus is not true tetanus, but tetany. In tetanus the muscles of the jaws and trunk are primarily involved, in tetany they are not affected at all or only secondarily, the spasmodic contractions being usually limited to the muscles of the extremities. In tetanus the pain is agonizing, while in tetany it is comparatively slight.

The treatment of acute and chronic alcoholism by large doses of nux vomica or its alkaloid, strychnia, has been employed by many American and European practitioners with uniformly gratifying results.

The difficulty of making a diagnosis of gastric ulcer has been painfully illustrated in several cases, occurring recently in Philadelphia, in which the existence of this lesion was not suspected until actual perforation of the stomach took place followed by violent peritonitis and death. No blame can be attached to the attending physicians, for there were no symptoms indicative of the disease until medical aid was useless. It would be well, however, to bear these cases in mind when consulted for vague gastric symptoms, and to test the effect of the dietetic and therapeutic treatment appropriate for ulceration of the stomach, if other measures do not give prompt relief.

The neurotic treatment of coryza has been enthusiastically advocated by Dr. Lees, of London. This treatment consists of the administration of belladonna and bromide of potassium and the local application of cocaine, and is admirably adapted to those cases which are produced by exposure to cold and dampness. The epidemic cases, however, which are assumed to be due to minute bacteria can be more effectually treated by the use of large doses of quinine, from three to ten grains three

times daily. Dr. Davidson, of Georgia, has directed attention to the value of the hypodermic administration of nux vomica in the treatment of opium poisoning, and Dr. O'Daniels, of the same State, has obtained the most gratifying results from phytolacca decandra in the treatment of orchitis.

While no brilliant discovery like that of cocaine has been made in the field of therapeutic research since our last meeting, several valuable additions have been made to our armamentarium and our confidence in many older agents has been increased. Alveloz, a South American remedy for cancer, has been tested in a few cases with apparently good results. The pain has been mitigated, the discharge lessened, the fetor removed, and the ulcerative process checked. Dr. Smith Townsend has reported a case of lupus of the face of forty years' standing which had resisted all previous treatment but was cured by a few applications of alveloz.

Kairin and antipyrin have been found to be prompt antipyretics. Unfortunately the reduction of temperature which they produce is of brief duration and is frequently accompanied by the most alarming symptoms of depression. In one case fatal collapse ensued; the judicious practitioner will avoid their use for the present and rely upon aconite, quinine, salicylate of soda, oily inunctions, and cold affusions. The safest and most efficient antipyretic is cold water applied either in the form of cold baths, sponge baths, or the wet-pack. It must be remembered, however, that the fever does not constitute the whole disease, and that heroic antipyretic measures are not indicated when the temperature does not exceed 103° Fahr.

A process, termed pneumatic differentiation, has been introduced as a panacea for all pulmonary affections, and a number of elaborate articles have been published in commendation of it in various medical journals. A company has been formed to manufacture pneumatic cabinets, and the announcement is made that the cabinets will be rented to reputable physicians for the modest sum of two hundred and fifty dollars a year. The cabinet is practically an air-tight box in which the patient sits while a slightly greater quantity of air is forced into his lungs than he usually inspires. Some benefit naturally follows this increased admission of oxygen into the circulation, but greater benefit can be obtained by simply directing the patient to habitually breathe fully, slowly, and deeply while pursuing his ordinary avocation.

The peroxide of hydrogen, which is simply water impregnated with an excess of oxygen, has been found to be a valuable antiseptic when used as an injection in leucorrhœa, gonorrhœa, cystitis and otorrhœa, and as a local application in diphtheria, foul ulcers, and fistulous tracts.

Antiseptic inhalations have long been used with benefit in whooping-cough and bronchorrhœa as well as in phthisis. Among those which are now regarded as especially valuable are inhalations of creosote, turpentine, iodine, eucalyptus, benzoic acid, and carbolic acid.

Rhus aromatica, which was recommended years ago by Dr. N. S. Davis as a valuable remedy for incontinence of urine, is now coming into general use for that annoying complaint.

M. Caulet has directed attention to the value of the cold foot bath in insomnia and the various disorders dependent upon cerebral congestion.

Thallin, which was introduced as the ideal antipyretic, has been found to be more unreliable and dangerous than either antipyrin or kairin.

Syzygium jambolanum (jambol) has been recommended as a specific for diabetes. Clacius employed it in several cases, all of which exhibited marked improvement in a very short time, but further trial will be necessary to determine its value.

Jamaica dog-wood (piscidia erythrina) has been found to be a valuable sedative and hypnotic, and has the advantage of not being followed by constipation and nervous depression.

Hypnone and urethan also possess valuable hypnotic qualities, but their poisonous action upon the lower animals demands caution in their employment upon man.

Cascara sagrada has been ascertained to be an efficient tonic and laxative. It promotes the appetite, assists digestion, and overcomes constipation without producing any unpleasant effects whatever, and deserves to be admitted into the United States Pharmacopœia.

Dr. F. T. Paine has directed attention to the value of salix nigra in ovarian neuralgia, dysmenorrhœa, and all irritative conditions of the genito-urinary organs.

Dr. Tovar, of Cuba, has stated that partheninе, the active constituent of partheninum hysterophorus, possesses marked value as an antipyretic and antiperiodic. The plant is used by the natives of Cuba as a substitute for quinine, to which it appears to be only slightly inferior. Its qualities deserve further investigation.

According to Korab and others, helenina, the active principle of inula helenium (elecampane), is a powerful antiseptic. A few drops of the solution of helenina immediately killed the organisms in ordinary infusions and proved fatal to the bacilli of tuberculosis.

It is recommended in cholera, cholera infantum, malarial fever, and all the zymotic diseases, and may be substituted with advantage for carbolic acid in all preparations for external use.

Hyoscine has been thoroughly investigated by Dr. H. C. Wood and others, and found to be a potent sedative and hypnotic, and invaluable in the treatment of many disorders of the nervous system. As its action is prompt, and the susceptibility of individuals varies, the initial dose should not exceed gr. $\frac{1}{96}$.

Hamamelis Virginiana has been somewhat neglected by American therapeutists, but European physicians who have employed it believe it to be without a superior as an astringent and hæmostatic. It has been used with remarkable benefit in menorrhagia, hæmoptysis, hæmophilia, intestinal hæmorrhage, painful hæmorrhoids, purpura and varicose veins.

Nitro glycerine has retained its position as the remedy *par excellence* for angina pectoris and chronic interstitial nephritis. It is also effective in the treatment of shock, opium poisoning, cardiac asthma, cerebral hemorrhage, and in failure of the heart's action during the administration of chloroform.

Strophanthus hispidus, a new remedy which has been introduced by Professor T. R. Fraser, promises to take the first rank as a cardiac tonic and stimulant.

According to M. Germain Sée, sparteine, the active principle of spartium scoparium, the ordinary broom-plant, is also a powerful cardiac tonic similar to digitalis and convallaria, but more prompt in its action and more durable in its effects. Broom has long been known to be a valuable tonic diuretic. Liebrich, to whom we are indebted for the discovery of chloral, has called attention to the value of lanolin as a basis for ointments. Lanolin is an animal fat derived from wool and other keratin bearing tissues. It is not a panacea. It will not answer to employ it in all cases of skin disease, but it is readily absorbed, and possesses many advantages over the materials ordinarily employed as the basis for ointments. Lewinin, a resinous extract obtained from the root of piper methysticum, has been ascertained to be a local anæsthetic of considerable value but not equal to cocaine. Hydrastis and its alkaloid, hydrastine, have been employed in dyspepsia, melancholia, neurasthenia, and various forms of skin diseases with beneficial results. Rothe has ascertained that urtica dioica, the stinging nettle, possesses valuable hæmostatic properties. Boldo has been tested by several distinguished French clinicians and found to be a valuable hypnotic and soporific. Pyridine, one of the constituents of tobacco smoke, has been introduced for the treatment of asthma, but does not seem to possess any advantages over the remedies usually employed.

Terebene, a derivative of oil of turpentine, has been investigated by Murrell and found to be especially valuable in the treatment of winter cough, bronchorrhœa, and other forms of sub-acute and chronic bronchitis. It appears to have a sedative as well as a stimulating effect upon the mucous membrane of the respiratory tract, allaying irritation and assisting expectoration.

Attention has been directed to the value of osmic acid administered hypodermically in obstinate cases of sciatica. Sedum acre has been employed in diphtheria with apparent benefit. Ichthyol has been found effective as a local application in chronic eczema and psoriasis, pruritus, and acute and chronic rheumatism. Its value is due to the large percentage of sulphur which it contains.

Euphorbia pilulifera has been recommended for asthma. Salicylic acid has been found useful in the treatment of diarrhœa. Large doses of sulphur have been asserted to be curative in dysentery. Caffeine has been thoroughly studied, and is believed to be but little, if at all inferior to digitalis as a diuretic and cardiac stimulant. Its effects are less durable, but its action is more prompt and devoid of the dangers of digitalis. Renewed attention has been given to the subject of lavage in various gastric disorders and to the

efficacy of oxalate of cerium in large doses as a gastric sedative. Arsenic has been found to be of especial value in the treatment of pernicious anæmia and other wasting diseases.

The subject of dietetics has attracted considerable attention during the past year and will receive far more in the future. Improper or unsuitable food is the most potent factor in the production and maintenance of many morbid conditions, and while temporary benefit can be obtained by the administration of medicines, no lasting cure can be effected until the exciting cause is removed. It does not require the gift of prophecy to foretell that in the near future dietetics and hygiene will be the watchwords of preventive medicine, and dietetics and therapeutics those of practical medicine.

It is impossible for me to close this address without deploring the loss which the American medical profession has sustained in the death of Dr. Austin Flint, Sr. Preëminent as a writer, teacher, and practitioner of medicine; acknowledged without a dissenting voice to be the greatest of American physicians, he bore his honors modestly, and never arrogantly asserted his superiority or used his great authority to the disadvantage of the humblest of his professional brethren. Kind of heart, studious of disposition, refined in conversation, gentle and magnanimous in character, faithful to the American Medical Association to the end, he passed away surrounded by love, honor, and scores of friends; but his work lives after him, and his spirit is with us still. For as Longfellow has beautifully said:—

"Were a star quenched on high,
For ages would its light
Stream downward from the sky
Upon our mortal sight.

"So when a great man dies;
For years beyond our ken
The light he leaves behind him lies
Upon the paths of men."

—*Journal of American Medical Association.*

MARCH (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending a copy of this number to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

THERAPEUTIC NOTES.

BICHLORIDE OF MERCURY IN TUBERCULOSIS.

A striking illustration of the value of the bichloride of mercury in the treatment of tuberculosis may be found in the case of S. T. M., aged thirty-eight years, who came, October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnœa, hoarseness, frequent chills followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day.

The sputum was so rich in tubercle bacilli that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury prepared as follows:—

℞. Hydrarg bichlor. . . . . gr. ij.
Aqua destillatæ . . . . Oj.
Sodii chloridi . . . . ʒj.
M. Ft. sol.

He was ordered pills of the bichloride gr. $\frac{1}{40}$ each, one before each meal and at night, and a pill composed of assafœtida gr. iij, and ext. of nux vomica gr. ¼, to be taken at the same time. In six weeks he was walking the fields, five or six miles daily, hunting game. He was married last January, and is now out West.—*Progress.*

TREATMENT OF THE CYSTITIS OF BLENORRHAGIA.

Take every day three of the following powders in an infusion of linseed:—

℞. Powd. leaves of hyoscyamus gr. xx.
Sugar . . . . ʒiv.
M. Sig.—Divide into seven powders.

If the pain resists, a tablespoonful, every half hour, of the following infusion will be found very efficacious:—

℞. Hyoscyamus leaves . . . gr. xlv.
Boiling water . . . ℥iv.

If dryness of the throat were felt, or somnolency, the administration should cease, and a cup of strong coffee will set all right. By these means, and in a few hours, the most severe pain is eased.—*Medical Press.*

CEREBRO-SPINAL SCLEROSIS.

Dr. J. B. Johnson (Med. and Surg. Reporter) recommends—

℞. Iodide of potassium . . . ℥ij.
Tinct. cinchonæ comp. . . ℥vj.
Fluid ext. ergotæ . . . . ℥iv.
Syrup simplex,
Aqua . . . . āā ℥iij.

M. Sig.—Shake well. Dose a tablespoonful after meals.

A very good formula in cases attended with epileptiform attacks, is as follows:—

℞. Liquor hydrarg. bichlorid. . ℥vj.
Chloral hydrate . . . ℥iss.
Infusion gentian comp. . ℥iv.
Iodide potassium . . . ℥ij.
Syrup simplex . . . ℥ij.

M. Sig.—Shake well. Dose, a tablespoonful after each meal for two weeks, and then an intermission of one week, unless the mercurial should make it necessary to drop its use earlier. In such an event the balance of the formula may be continued with much advantage.

POTASSIUM CHLORIDE.

Dr. A. F. Pattee (Journal American Medical Association) says: For many years I have used potassium chloride, and find it a valuable medicine either alone or in combination with other medicines. I have used it in many cases of anæmia after other well-known treatment had failed to do good, with the most happy results. The dose usually given was five grains every three hours in a wineglass of water. In the commencing stage of cirrhosis of the liver due to alcoholic excess, it has apparently been of benefit.

Exudations after inflammation, with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its use. In glandular enlargements, in my hands, it has been of more benefit than calcium chloride or the iodine compounds. In stomatitis of pregnant women or from mercury, it is equal to the chlorate. In ovarian neuralgia with nervousness and menstrual headache, accompanied with wakefulness, this salt has given better results than the bromide or ammonium chloride. When combined with corrosive sublimate it is one of the best preparations for syphilis. I usually give it as follows:—

℞. Potassii chloridi . . . ℥ij.
Hydrargyri chlo. corros. . gr. j.
Aqua. . . . . ℥iv.

M. Sig.—Ten to twenty drops every two hours in a wineglass of water.

This preparation I have used almost exclusively in the treatment of syphilis in both its acute and chronic stages, and the result has been most satisfactory. The tincture ferri chloridi is much improved in its therapeutic action when given with potassium chloride.

It is my desire that those of our profession who have not used the potassium chloride may investigate its therapeutic action, of which I can assure them it will verify my statement. The dose will range from twenty grains to two drachms for the twenty-four hours, well diluted with water.

DELUSIONAL INSANITY.

Dr. E. C. Mann (Medical Age) recommends—

℞. Ext. Coca erythrox. (P. D. & Co.) . . . . gr. j.
Ext. valerian . . . gr. j.
Cannabis indica, opt. . . gr. ½.
Vallet's mass ferri . . gr. ij.
Acidi arseniosi,
Strychnine . . āā gr. $\frac{1}{40}$.
Codeiæ . . . . gr. ¼.

Mas. ft. in capsule or pill No. i.

Sig.—One in the morning, one at 10, and one at 3 P.M.

GONORRHŒA.

℞. Tinct. belladonna . . . ℥j.
Ext. hamamelis . . . f℥ij.
Aqua . . . . . ℥ij.

M. Sig.—Use as an injection once a day.

VOMITING OF PREGNANCY.

℞. Cocaine hydrochlor. . . gr. j.
Cerii oxalatis . . . ℥iss.
Bismuthi subnitratis . . ℥ij.

M. Ft. charta No. xx.

Sig.—One powder before meals.

VAGINISMUS.

℞. Ext. physostigmatis . . gr. ij.
Ext. stramonii . . . gr. v.
Lanolin . . . . ℥ss.

M. Ft. ungt.

Sig.—Apply a small quantity locally three times a day.

CAPILLARY BRONCHITIS.

Dr. B. H. Riggs (Alabama Medical and Surgical Journal) recommends—

℞. Ammonii carb.. . . gr. xvj.
Syr. tolu . . . . ℥ss.
Aqua . . . . ℥ss.

M. Sig.—Fifteen drops in water every half hour.

INFANTILE CONSTIPATION.

℞. Resinæ podophyllii . . gr. ss.
Spts. ammonii aromat. . ♏x.
Syr. rhei arōmat. . . ʒij.
M. Sig.—Half teaspoonful twice a day.

IRRITABLE HEART.

℞. Tinct veratri viridi . . . ʒss.
Ext. cascara sagrada . . fʒij.
M. Sig.—Twenty drops in water three times daily.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . ♏xx.
Chloral hydrat. . . . ʒj.
Syr. simp. . . . . ʒiij.
M. Sig.—Teaspoonful every three hours.

RICKETS.

℞. Tinct. belladonna . . ♏x.
Strychnia sulphatis . . gr. ⅓.
Syr. calcii lactophosphatis . ʒiv.
M. Sig.—Teaspoonful three times daily.

LUMBAGO.

℞. Vini colchici rad. . . . ʒj.
Tinct. guaiaci ammoniat. . ʒj.
M. Sig.—Half teaspoonful in water every three hours.

PRURITUS VULVÆ.

℞. Chloral hydrat.
Camphoræ . . . āā ʒiss.
Adipis . . . . . ʒij.
M. Ft. ungt.
Sig.—Apply externally.

INDOLENT ULCERS.

℞. Chloral hydrat. . . . ʒss.
Alcoholi dilut. . . . ʒss.
Aqua . . . . . ʒij.
M. Sig.—Apply externally night and morning.

LEUCORRHŒA.

℞. Strychnia sulphatis . . gr. j.
Tinct. stramonii . . . ʒss.
Tinct. hydrastis . . . ʒij.
M. Sig.—Half teaspoonful four times daily.

DYSMENORRHŒA.

℞. Tinct. veratri viridi . . ♏xvj.
Vini colchici rad. . . ʒj.
Tinct. opii camphorata . ʒij.
M. Sig.—Teaspoonful every four hours.

HÆMOPTYSIS.

℞. Pulv. aluminis . . . ʒj.
Acidi sulphurici dilut. . . ʒij.
Magnesii sulphatis . . . ʒiij.
Aqua . . . . . ʒiv.
M. Sig.—Tablespoonful in water every two hours.

ROUND WORMS.

℞. Tinct. nucis vomicæ . . ʒss.
Ext. spigelia . . . . fʒss.
M. Sig.—Twenty drops in water three times daily.

EPIDEMIC DYSENTERY.

℞. Tinct. capsici . . . ♏xx.
Tinct. opii deod. . . . ʒiiss.
Tinct. belladonna . . ʒss.
Spts. frumenti . . . ʒiv.
M. Sig.—Two teaspoonfuls in water every three hours.

CHRONIC DYSENTERY.

℞. Tinct. opii deod. . . . ʒij.
Tinct. ignatiæ . . . ʒiss.
Tinct. hyoscyami . . . ʒj.
Tinct. benzoini comp. . . ʒiiss.
M. Sig.—Teaspoonful in water four times a day.

FLATULENT DYSPEPSIA.

℞. Tinct. nucis vomica . . ʒij.
Acidi carbolici . . . gr. viij.
Vini Portense . . . ʒiv.
M. Sig.—Two teaspoonfuls after meals.

WHOOPING-COUGH.

℞. Tinct. belladonnæ . . ♏xxiv.
Quinia sulphatis . . ʒss.
Syr. yerba santa . . ʒiij.
M. Sig.—Half teaspoonful every four hours.

SALICYLATE OF IRON IN DIARRHŒA WITH OFFENSIVE STOOLS.

This form of diarrhœa is commonly met with in summer. It is not amenable to treatment by any astringent, nor has any alteration of diet much effect upon it. It may, however, be successfully treated by disinfecting the bowel contents by means of salicylate of iron, as in the following prescription, which is suitable for a child two years of age:—

℞. Sulphate of iron . . . ϑj.
Salicylate of soda . . . ϑj.
Glycerin . . . . . ʒiij.
Aqua . . . . . ʒiij.

The iron and the salicylate should be dissolved separately, and the solutions mixed. The color is darker than port wine, and the taste not unpleasant. One teaspoonful must be given every hour until the stools become well blackened, which happens in about twenty-four hours; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally a small dose of castor-oil to clear the bowels well out, and to get the secondary constipating effect of the oil.—Dr. BRAITHWAITE, *British Medical Journal.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Sept. 1886.

THE BRITISH MEDICAL ASSOCIATION AND THE NINTH INTERNATIONAL MEDICAL CONGRESS.

NOTWITHSTANDING the repeated and disgraceful efforts of the Philadelphia and New York malcontents to embitter the minds of our British medical brethren against the International Congress, the British Medical Association received the American delegation with marked cordiality, and unanimously accepted their invitation to participate in the Congress. The delegation was composed of Dr. N. S. Davis, of Chicago, President-elect of the International Medical Congress; Dr. William Brodie, of Detroit, ex-President of the American Medical Association; Dr. William H. Pancoast, of Philadelphia; Dr. William C. Wile, of Newtown, Connecticut; Dr. John V. Shoemaker, of Philadelphia; and Dr. Fitch, of Halifax, Nova Scotia.

These gentlemen appeared before the Association at a special session called for the purpose of enabling them to explain the true state of affairs in reference to the Congress. After a few words of introduction by Dr. Withers Moore, President of the Association, Dr. N. S. Davis thanked the members on behalf of himself and his colleagues for the courtesies shown to them. The invitation to attend the International Congress in Washington in September, 1887, was then given. Dr. Davis also referred to and explained the internal difficulties which had occurred in organizing the Congress, and certain secessions which had followed. He stated that an Organizing Committee had been formed, each State and Territory being represented, and all branches of the profession; also an Executive Committee appointed to carry out all the details of the Congress, and their report on the subject had been unanimously adopted by the American Medical Association. He was therefore in a position to invite the members of the profession in England to visit America, where he could promise that they would meet with a reception as cordial, if possible more so, than his own reception had been. A local Reception Committee was organized at Washington, consisting of forty of the resident physicians of the Capital, assisted by representatives of the medical officers of the army and navy. Excursions were arranged; and everything would be done to make the Congress a memorable one. Those who attended would certainly be received with open arms and warm hearts. He might add that the President of the United States, the heads of the executive departments, the President of the Senate, and the Speaker of the House of Representatives had tendered their names as patrons of the Congress, and would do all in their power to entertain the members.

Dr. Brodie and Dr. Pancoast expressed in fitting terms their concurrence with the invitation, and their hope that the profession in the mother country would be well represented.

The President, Dr. Moore, then proposed a vote of thanks to the American delegates for their kind invitation, which would certainly be largely accepted.

The motion was seconded by Sir W. Foster, and passed unanimously by a rising vote, amid the wildest applause. Thus perished the last hope of the renegade American *coterié*, who have been so sedulously striving to ruin the great international scientific gathering which they had failed to control.

THE PENNSYLVANIA STATE BOARD OF HEALTH.

THE Pittsburgh Times very justly says that the service rendered by the State Board of Health to the people of West Elizabeth in their affliction by the outbreak of fever, is another illustration of its usefulness.

In such cases people need above everything else positive directions as to what they should do. They call meetings and discuss the perils, but disperse as undecided as when they assembled. The local doctors are usually busy with

the sick, and have little time to give counsel as to the sanitary arrangements. Besides that, they frequently differ as to the origin and nature of the pestilence, and as to the best means of suppressing it. The State Board, stepping in with a system of rules concerning the closing of wells and preparation of hospital accommodations, is welcomed as a succorer, and its instructions are the means of restoring confidence and leading to intelligent treatment of the danger.

The board has hardly reached the end of the first year of its existence, but the services it has already rendered are potent arguments for its right to be, and to be amply supported. The petty sum appropriated by the last Legislature is barely sufficient to pay for the distribution of the sanitary tracts which have been issued from time to time. Consequently, the members of the board are compelled to give their time to the State without any remuneration whatever. This is an act of injustice which the next Legislature should lose no time in rectifying.

A WELL-DESERVED REBUKE.

THE WEEKLY MEDICAL REVIEW, the most influential medical journal in the West and Southwest, administers the following well-deserved rebuke to Dr. John S. Billings for gratuitously insulting the entire medical profession of the South and Southwest in his address before the British Medical Association:—

JOHN S. BILLINGS AND HIS MALARIAL MAP.

We thank the Eastern medical journals for having presented to us in its entirety the address of Dr. Billings before the British Medical Association at Brighton. We "concede that it ought not to have been abbreviated" in its printing, but think Dr. Billings will wish he had been more brief in preparing it. There can be no question regarding the "clearness of its style," but with reference to its "gracefulness" we are in doubt. We are of the opinion that "disgracefulness" would be the better term, particularly in referring to the part taken up by the malarial map and the accompanying elaboration.

The map itself resembles a section of thoroughly used up blotting paper, the various shadings representing the various degrees of malaria in the different sections.

The darkest shading is located in the South and the Valley of the Mississippi. He says:—

You will note how comparatively light the tint is in the North and Northeast, and how dark the shades become in the South and the Valley of the Mississippi, thus indicating the great differences which exist as to the prevalence and deadly effects of the malarial poison in different sections of the country.

We agree with the New York Medical Journal that "the address certainly deserves to rank with the most notable that have been made before the Association."

Here is a particularly notable part of this particularly notable address, viz:—

As compared with the North and East, much of this malarious region is a thinly settled country, an almost purely agricultural country, and not a rich country. I need hardly tell you that the physician who has received his chief clinical instruction in the office of his preceptor in Vermont or New Hampshire, supplemented by distant glimpses of a few cases in hospital in Boston or New York, will find himself at a loss at first in dealing with the emergencies of daily practice in Arkansas and Mississippi. He will be subjected to influences which at times are dangerous to one who is not acclimated, and which tend to produce depression of spirits, want of energy, and bad health. He will not have free and constant access to scientific companionship, nor be stimulated by the influences of learned societies, and he can not avail himself of the ordinary sources of amusement, education, and rest, such as art galleries, the drama, libraries, and museums, etc., which are found in the large cities. Moreover, the pecuniary reward which the practitioner in many of these places can reasonably hope for is comparatively small.

Taking all these things into consideration, it is clear that if a man, after spending from six to eight years, and from one to two thousand pounds, in acquiring such a general and professional education as it is now considered that a skilled physician should possess, then settles in such a region with the prospect of an average income of from one hundred and fifty to two hundred pounds a year, it is not from pecuniary motives alone. There are such men in such places—men who are not only highly educated and skilled practitioners, but who are also original investigators and thinkers. It was within the limits of this malarial shadow that the foundation of modern gynecology was laid by Marion Sims, of abdominal surgery by McDowell, Battey, and Gross, of

an important part of the physiology of the nervous system by Campbell. Nevertheless, the rule holds good that malaria and science are antagonistic; the exceptions prove the rule.

And so the trouble with the profession west of the Allegheny Mountains, the Mississippi Valley, the Southern and Gulf States, is that they are victims of malaria. There are a few exceptions who still live to prove the rule. Probably they are the half dozen "elect" who were made members of "The Association of American Physicians—limited."

Yes, malaria and the lack of "free and constant access to scientific companionship," and the stimulation of "learned societies" and "no sources of amusement, education, and rest, such as art galleries, the drama, libraries, and museums, etc., which are found in the large cities," have afflicted our section of the country; and not only must we be the victims of such misfortune, but our distress must needs be heralded to the world by this modern medical Hercules. If we are not mistaken this gentleman was born and raised in the Mississippi Valley, and is a graduate of one of the medical colleges situated therein, he is a medical officer under the pay of the United States Government, and we would suggest his assignment to some station within the limits of this malarial and unscientific section that he may serve as an antidote in the shape of concentrated wisdom. The "grand shake" which he received at New Orleans at the meeting of the American Medical Association in 1885, did tend to produce "depression of spirits, want of energy, and bad health," for a time, but we trust that he has entirely recovered therefrom, and may now consider himself acclimated, so that he may safely come.

We think the Secretary of War should be more interested in the redemption of our section than the enlightenment of the British Medical Association.

Two points are clearly made by this officer, whose salary this section helps to pay, viz:—

1st. That malaria (most prevalent in the West) is antagonistic to science.

2d. "The most rigid tests of qualification in our profession in the United States are those required of candidates for admission into the medical departments of the army and navy."

He should have added, "I am from the West, and a surgeon in the army." Another illustration of the fact that the exception proves the rule.

As we remarked in our last issue the rest of the address was good.

MEDICAL NEWS AND MISCELLANY.

Dr. Frank H. Hamilton, one of the most distinguished of American surgeons, died at his home in New York on August 11th.

Dr. A. B. Miles, of New Orleans, La., has been elected Professor of Therapeutics and Materia Medica in the Medical Department of Tulane University.

Dr. W. P. Tolles has been elected to the Chair of Anatomy in the University of Virginia, to fill the vacancy caused by the death of Professor J. Staige Davis. Professor Tolles has for some years past filled the position of Demonstrator of Anatomy in the University.

Progress is the suggestive title of a new and handsome medical journal, which is edited and published by Dr. Dudley S. Reynolds, of Louisville, Ky. Dr. Reynolds is a veteran in the journalistic field, and it requires no gift of prophecy to foretell that his new monthly will rapidly progress to a first place in the estimation of all practical physicians.

The New Hampshire State Medical Society has elected the following officers for the ensuing year: President, Professor C. P. Frost, Hanover; Vice-President, Dr. S. W. Roberts, Wakefield; Treasurer, Dr. D. S. Adams, Manchester; Secretary, Dr. G. P. Conn, Concord; Anniversary Chairman, Dr. H. P. Felt, Hillsborough Bridge.

The Minnesota State Medical Society has elected the following officers: President, Dr. H. H. Kimball, of Minneapolis; First Vice-President, Dr. W. L. Beebe, of St. Cloud; Second Vice-President, Dr. R. S. Barber, of Worthington; Third Vice-President, Dr. E. A. Holmes, of Oronoco; Treasurer, Dr. S. B. Sheardown, of Winona; Recording Secretary, Dr. C. B. Witherle, of St. Paul; Corresponding Secretary, Dr. J. F. Force, of Heron Lake; Censors for Three Years, Drs. R. S. McMurdy, of Minneapolis, and A. W. Stinchfield, of Eyota.

The Kentucky State Medical Society has elected the following officers for the ensuing year: President, Dr. W. H. Wathen, Louisville; Senior Vice-President, Dr. J. M. Harwood, Shelbyville; Junior Vice-President, Dr. J. M. McKin-

ley, Winchester; Permanent Secretary, Dr. J. Steele Bailey, Stanford; Assistant Secretary, Dr. F. C. Simpson, Bardstown; Treasurer, Dr. Edward Alcorn, Hustonville; Chairman Committee of Arrangements, Dr. J. G. Brooks, Paducah; Board of Censors, Drs. D. S. Reynolds, Louisville (chairman), A. W. Willis, Winchester, A. Sargeant, Hopkinsville, J. H. Letcher, Henderson, W. E. Poynter, Midway, J. M. Harwood, Shelbyville.

We will give five cents—the true market value—for each and every confession, signed and sealed, of a Western or Southern physician who has accepted membership in The Association of American Physicians. If there is any physician in the West or South who has not been solicited to join, and would like to become a member, let him inclose two cents to the janitors, and if he is the right kind of a man for their purpose, he will be admitted. The franchise is worth that much, as no new member can be admitted after the lists are made up, except a vacancy occurs on account of the death or bad conduct of a member. Vacancies may occur in this way soon, as some of the members are reported sick, and a few quite bad.—*Weekly Medical Review.*

An Excellent Example.—We are informed by the treasurer of the Ninth International Medical Congress, that he has received, for the Congress, the sum of $500, donated by the Michigan State Medical Society at its recent annual meeting. The Executive Committee of the Congress must necessarily spend a large sum of money in printing and distributing circulars, and in perfecting all the arrangements preliminary to the actual assembling of the Congress. The liberal action of the Michigan State Society is timely and appropriate. It is very desirable that the good example presented should be speedily followed by the State Medical Society of other States, and also by the leading societies in our most populous cities and counties.—*Jour. Am. Med. Association.*

The Mississippi Valley Medical Association has elected the following officers: President, Isaac N. Love, M.D., of St. Louis, Mo.; First Vice-President, Joseph Robbins, M.D., of Quincy, Ill.; Second Vice-President, Jacob L. Geiger, M.D., of St. Joseph, Mo.; Third Vice-President, Thomas B. Harvey, M.D., Indianapolis, Ind.; Secretary, J. L. Gray, M.D., 1558 Wabash Avenue, Chicago, Ill.; Treasurer, A. H. Ohman-Dumesnil, M.D., St. Louis, Mo.; Assistant Secretary, Edward Allcorn, M.D., Houstonville, Ky. Committee of Arrangements: Dudley S. Reynolds, M.D., Louisville, Ky.; Louis S. McMurtry, M.D., Danville, Ky.; James H. Letcher, M.D., Henderson, Ky.; J. N. McCormick, M.D., Bowling Green, Ky.; L. B. Todd, M.D., Lexington, Ky.; John Q. A. Stewart, Frankfort, Ky.; James M. Holloway, M.D., Louisville, Ky.; J. M. Mathews, M.D., Louisville, Ky.

The Proposed Congress of American Physicians and Surgeons.—The recent action taken by certain societies of specialists in trying to form a new national society only goes to show that specialism in this country, from the attacks made upon it by the medical press showing up the ridiculous character of most of its pretensions, is on the retreat, and barring a few devoted to the eye and ear, there will, in a few years, be no such person as a specialist. These gentlemen have no one to blame for this result but themselves. The profession has become tired of being told that the specialist is the only one competent to diagnose and treat any special case. The specialists (many coming out of college without any preliminary practice) flaunt in front of the hard-working general practitioner of years the idea that he is not competent to do what the self-styled specialist can do. This is folly, and the profession have so decided, and the specialists must go. We have no use for them. If they really have at heart the interest of the profession, instead of forming a coalition for self-protection, they would join the special Sections of the American Medical Association. But no, they all want to be big guns, have a little society of their own and pull the wires to suit themselves. Well, wait and see how it will turn out! The future is not hard to predict.—*New Eng. Med. Monthly.*

What Does Antiseptic Surgery Require.—Antiseptic surgery requires that everything that comes near the wound should be perfectly free from germs—fingers, instruments, needles, catgut, drainage-tubes, sponges, coverings, bandages, etc. Nothing is really satisfactory as a means of cleansing the fingers, except corrosive sublimate ($\frac{1}{1000}$); but for instruments, carbolic acid ($\frac{1}{30}$) is efficient. They should be immersed in the solution for a half-hour before the operation.

The skin of the part to be operated on is to be soaped, shaved, and scrubbed with a nail-brush with 1–1000 corrosive sublimate solution.

During the operation the wound is to be well douched with a hot corrosive sublimate solution, from 1–2000 to 1–5000, according to the surface exposed and the length of the operation. The fluid runs off on a rubber sheet into a pail. The surrounding parts should be covered with towels wrung out in the same solution. Absolute accuracy is essential in every detail. The assistant who hands any instrument must have disinfected his hands as above; nothing must be dropped on the floor, or rubbed on the table or clothes. The sutures of catgut will be absorbed in the wound. The dressings need only be changed once to remove the drainage tube; and, if a tube of decal-

cified bone (such as manufactured by Grosvenor & Richards) has been used, that also will be absorbed.

The expense is considerable in applying permanent dressings thoroughly; but if a wound has only to be dressed two or three times, instead of ten times as often, it is a wise economy of time and money to use the best, to say nothing of the diminution of the suffering of the patient, and the gain in time.—ERNEST W. CUSHING, M.D., Boston, Mass.

A BAD CASE OF THE "REPRESENTATIVE MAN" ABROAD.—The New York Medical Journal of July 24th, says a "well-known" American Physician—yes, an American—writes that he has been in the large cities of Europe, and, in answer to questions, has felt it his "duty" to say, among other things: "The Congress will surely be held, but whether it will be a success or not cannot be foretold. I shall not be there. You will be likely to meet chiefly men whom you do not know by name or fame, since the majority of the best known men in the United States have withdrawn from the Congress, because they do not approve of the way in which it is managed." What a pretty sample of an American—what patriotism, what a profound reason for withdrawing. The only redeeming thing about his boasted treachery is "I will not be there."

If this is a sample of "a well-known" (nameless in this) physician, who goes up and down through Europe wholesaling distrust abroad and retailing it at home—if this is a sample of the "representative man" who would ruin where he cannot rule, who is so untrue to the best interests of his profession at home and to all true American ideas that he would destroy that of which every American physician should be proud—then let the great body of the profession repudiate such men.

If they are the "leading men" and have failed to direct the interests of the Congress, they are too weak to trust in any capacity. It is time to begin the aggressive action in the direction of these poor specimens of manhood who have "withdrawn because they did not approve!" and not only have "withdrawn"—that could be endured—but are active opposers to what now is the wish and the work of nine-tenths of the profession of the United States.

We are not in favor of a boycott, but it is high time that the just indignation, aroused by the acts of such "un-American" physicians as this one, should take shape. Some of these same men are much indebted to the general profession, are dependent upon it as consultants, teachers, authors, and journalists. Surely they are trifling with the confidence which they would command by advertising themselves as too weak to control and too mean to consent.—*Weekly Med. Review.*

SULPHATE OF SODIUM.—Especially in our country, whenever a neutral salt seems indicated as a purgative, Epsom salt—sulphate of magnesia—is usually the remedy employed, while sulphate of sodium—Glauber salt—is neglected. One reason for this may be found in the fact that Glauber salt is very cheap, and that it is used mainly in horses. Not long ago we advised a patient to take Glauber salt, but when the patient asked his apothecary for it, the latter ridiculed the idea, and said that this salt was used for horses only.

Epsom salt cannot be administered to young children, because its action on the delicate mucous membrane of the alimentary canal of the young is too harsh; but Glauber salt can be given with immunity. This fact alone should convince everybody that in most cases sulphate of sodium is preferable to sulphate of magnesia.

Nothnagel, a year or two ago, investigated the action of neutral salt on the intestines. He found that sulphate of sodium—Glauber salt—was the mildest of all; that it first caused a very slight redness, and later induced depletion by emptying the congested capillaries and producing a slightly watery stool. In the inflammatory intestinal disorders of childhood, as, for instance, in cholera infantum, if administered early in moderate doses, it acts almost as a specific, while sulphate of magnesia induces a severe congestion of the intestinal mucous membrane, and generally destroys the epithelial lining. Experience has proved this observation to be correct, for, generally, whenever especially a larger dose of Epsom salt has been given, the patient will suffer from constipation, or at least from sluggishness of the bowels, for several days afterwards.

The action of Glauber salt is so certain, and at the same time so much a true laxative—not causing congestion and not injuring the epithelial lining—that a much smaller dose is generally needed than in the case of the magnesia sulphate. In most cases from one-half to a teaspoonful, if administered to an adult, largely diluted with water—as all neutral salts should be if the intention is purgation—one hour before breakfast, will induce one or two motions of the bowels about half an hour after the meal, and this result will be brought about without the least griping and without any after-effect, as constipation, so often observed as a consequence of the magnesia salt.

We publish these remarks mainly for the benefit of those who imagine because Glauber salt is used by veterinary surgeons, that its use would not be indicated in the case of human beings, for it is used for horses only on account of its cheapness. In every case it should be preferred to Epsom salt, for the reasons given.—*Med. and Surg. Reporter.*

TYPHOID FEVER.—The indications to be ful-

filled in the treatment of typhoid fever are "to reduce the temperature, soothe the inflamed glands of the bowels, prevent or counteract septic absorption and support the patient."

Our efforts should be first directed towards reducing the temperature and keeping it down. The method which I have used has been to strip my patients, place them upon an oil cloth so folded that when water is placed thereon it will not soil everything, and any excess may be directed into the buckets placed at the side of the bed. I then take a large sheet and fold it four or five thicknesses, so that it will completely envelop the patient from the arm-pits to the hips; wet this in cold well water, and wrap it around him. The temperature of the water should be at 80° Fahr. Then cover the patient with any comfortable covering; renew this wrap every ten or fifteen minutes till the temperature in the bowels shall not be over 101° Fahr. It may not and usually is not necessary to renew this pack in the morning hours oftener than once an hour, but in the afternoon from the fifth to the twelfth day, and in severe cases from the fifteenth to nineteenth also, it will keep an attendant busy renewing this pack, and this must be done to prove successful. This treatment is not pleasant at first to the patients, but after it has been continued for a day or so, the feeling of relief it gives is so great that in a number of instances they will ask for the renewal. The next indication to be met is to soothe the inflamed bowel and counteract septic absorption. This is done by administering the following remedies, and they are remedies in fact: Pepsin, bicarbonate of soda, and subnitrate of bismuth, ten grains of each every four hours.

(The question arose on discussing this paper, how did pepsin act as a digestive in an alkaline solution? It is the excess of acid that the soda is given to neutralize, and that it does well is proven by the cases presented.)

The stomach and bowels are always highly irritated, and a more sensible combination of drugs to relieve this condition it seems to me, will be hard to find. To counteract the absorption that necessarily takes place from the ulcerated glands in the bowels, a solution of hyposulphite of soda, to which is added a little carbolic acid, is given every four hours. This constitutes the medicinal treatment of typhoid fever, and, in its earlier stages, before extensive lesions and hemorrhages have occurred, fulfils every indication. It now becomes necessary, as we have to deal with a fever of three or four weeks' duration, to support the patient so that when the fever leaves him he will have strength enough to sustain him. With every dose of medicine there is given four to six ounces of fresh unskimmed milk, and as much spoon victuals of a non-irritating character as the patient will partake of. The administration of the milk, however, is imperative. Persons treated in this manner from the start, or from the third or fourth day, where one is satisfied that one has a case of typhoid fever, will very seldom become delirious. There will not be any extensive distension of the abdomen, no tympany. Their tongues will not become dry, brown, and fissured, sordes will not collect on the teeth, there will not be any alarming looseness of the bowels, no intestinal hemorrhages, no relapses, no subsultus tendinum, and when the fever has run its course, the patient will be up and out and ready to go to work in a week.—R. M. KING, M.D., *Weekly Medical Review*.

CASE OF EPITHELIOMA OF THE UTERUS TREATED BY MERCURIC NITRATE; RESULT SIX YEARS AFTER TREATMENT.—This case derives its interest from the extent of the disease, the treatment, and the condition of the patient since treatment and now.

Mrs. R—, wife of a physician, came under my care about eight years ago, affected with epithelioma of the uterus. When the case was first examined, a considerable portion of the cervix had disappeared, and the disease had extended to the os internum. The hemorrhage had been frequent and severe, and the ichorous discharge was constant. The general health had been greatly impaired.

Treatment.—Granulations were removed by the curette and nitric acid was applied. Tonics and a generous diet were added. After a few weeks she left the city for her home, feeling better. She again visited the city three months later. The disease had made further inroads upon the tissues of the uterus and upper part of the vagina. Chloride of zinc was applied and reapplied. Apparent improvement followed.

The patient came to the city at intervals for about two years, and submitted to active treatment for several weeks each visit. Still the disease evidently advanced, though the symptoms were occasionally suppressed. The vaginal portion of the cervix had quite disappeared. The cavity of the uterus became involved, and the disease was extending over the upper part of the vagina, both anteriorly and posteriorly. The appetite, digestion, and general strength were impaired to that degree that it was manifest the patient would succumb unless the disease could be promptly arrested.

The acid nitrate of mercury was chosen as the agent, and in the presence of Professor Jackson it was applied in the following manner: A roll of cotton two and a half inches in length, and as large as the canal would admit, was saturated with the acid nitrate of mercury and introduced, reaching into the cavity of the uterus and filling

the cervical canal, and a small portion left dependent in the upper portion of the vagina. This application was left undisturbed *in situ* for seventy-two hours, and undoubtedly it is to this fact that the result is due.

After the cotton was removed an extensive slough came away. The subsequent granulations appeared healthy, and in two weeks the patient left the city, since which time I have not seen her.

This last application produced more than a local effect, viz., a more severe ptyalism than that which affected this patient it would be difficult to imagine, and this was attended by an intensely jaundiced appearance of the entire surface of the body. The following extracts are from a letter received a few weeks ago from the husband:—

"*My Dear Doctor:* I received your letter a few days ago; must acknowledge my carelessness in not writing to you; have often thought I ought to write to you in reference to my wife's condition and state of health since her last treatment. The current of time has borne us along on smooth waters, all enjoy reasonable health, peace, and prosperity. Mrs. R—, during the past four years, with the assistance of my daughter, has performed the duties of a housewife, with all the cares and work, except when she has been laid up for a day or two with sick headache. She has it to-day, the second time in eight weeks; am giving her a new remedy which has increased the intervals between the attacks two weeks. I do not think the ulceration has ever appeared since the last treatment; have not examined her with a speculum for several years. The uterus rests upon the perineum and seems heavier than it ought to be, and of late has been the cause of much disturbance of the rectum, requiring its replacement. She suffers some pain occasionally, and the menses are sometimes very profuse. There has not been any discharge of water since you applied the nitrate of mercury. It was heroic treatment, but I believe it saved her life, and I shall ever feel grateful to you and Professor Jackson for your kindness towards Mrs. R— and myself."—De Laskie Miller, M.D., *Chicago Med. Jour. and Examiner.*

The Medico-Chirurgical College, of Philadelphia.—During the last five years, the Medico-Chirurgical College, which was chartered by the Legislature in 1850, has been located at the southwest corner of Broad and Market Streets. The needs of this rapidly developing institution have outgrown its present quarters, and for some time the Trustees have been looking for more commodious buildings. Last week they concluded the purchase of a large property on Cherry Street, near Logan Square. The location is most excellent for the intended purpose, being near the centre of the city, and yet sufficiently retired to give students and hospital patients the requisite quietude. The lot is one hundred and thirty-four feet square. It is partly occupied by two large and substantial brick buildings, three stories high, and with light on all sides.

Extensive alterations will be made, including the construction of an amphitheatre, clinical lecture-room, laboratories, and dissecting-room, besides all the departments of a well appointed hospital.

The lecture-room will be fitted up with an eye to the comfort of the students, cushioned chairs replacing the benches usually supplied. The rooms for practical work will have all their fittings of the latest and most approved pattern. The hospital wards will overlook and have easy access to the large garden attached. Plans for the alterations are now being prepared by the architect, and, when finished, the corporation will have one of the most comfortable college buildings in the country.

Within the ample bounds of the newly-acquired property will be located the following institutions:—

1. The Medico-Chirurgical College, founded in 1850.

2. The Medico-Chirurgical Hospital, chartered in 1882.

3. The Philadelphia Dental College, now at Tenth and Arch.

4. The Hospital of Oral Surgery, whose clinics have no rival in that specialty. It has coalesced with the Medico-Chirurgical Hospital.

5. The Philadelphia Hospital for Skin Diseases, now at 923 Locust Street. This hospital will form another department of instruction.

The grouping of several institutions with allied objects under a single roof, is a new feature in the history of Philadelphia charities. The old fable of the fagot is most apposite here. While all retain their individuality and independence of action, the union permits each to assist the others, and, by avoiding duplicate expenses, enables the authorities to accomplish more with the funds at their disposal.

Some important changes have taken place in the Faculty of the Medico-Chirurgical College, viz:—

Professor William H. Pancoast, who for twenty-seven years has been teaching anatomy at the Jefferson Medical College, has resigned his professorship in that institution, and has accepted the same chair in the Medico-Chirurgical College, to which he was elected by the Trustees. He brings with him the extensive Anatomical Museum collected by himself and his father, which for so many years was employed in teaching the classes at the former college.

Dr. John V. Shoemaker, lately Lecturer on Dermatology and teacher of the same branch in the Post-Graduate Course at the Jefferson, has become Professor of Dermatology at the Medico-Chirurgical.

Dr. E. E. Montgomery, Obstetrician to the Philadelphia Hospital, and Surgeon to the Women's Hospital, has been elected Professor of Gynecology.

Dr. William B. Atkinson, lately Lecturer on Diseases of Children in Jefferson Medical College, and teacher of the same branch in the Post-Graduate Course, has been elected Professor of Diseases of Children and Sanitary Science.

These accessions to the Faculty, which already numbered in its ranks such distinguished men as Professors James E. Garretson, H. Ernest Goodman, and Peter D. Keyser, have attracted a great deal of attention in professional circles. From all parts of the country letters are pouring in asking if the above rumors are true, and what will be the future course of the college.

THERAPEUTIC USE OF CHLORAL.—About three years ago, I saw a case published in the British Medical Journal, in which chloral seemed to have been markedly beneficial in Bright's disease; but this was accounted for by attributing its beneficial action to its power of lessening arterial tension. At the same time, its use was condemned, in consequence of its lowering action on the heart. I offer the following cases, first, as strongly suggesting that this is not the true explanation; and, secondly, as a plea for further investigation.

A. F., aged forty-three, married, a pluripara, had suffered for nine years from caries necrotica of the ischio-pubic rami, with more or less incessant discharge. On June 25, 1885, she was unable to do anything, but would not stay in bed. She dressed and lay in a semi-recumbent position on a couch. The legs and feet were very much swollen, and she complained of shifting œdema of the face. She had constant headache and diarrhœa. The urine was of specific gravity 1009, and contained one-seventh of albumen. The liver seemed slightly enlarged. The heart was normal. She began to take chloral, and improvement soon followed. On July 23d, the albumen in the urine was the same; specific gravity 1010. The œdema of the legs was diminishing. The headache was much less frequent. She said she felt better than she had done for a long time, and had resumed work at a lace pillow. On August 6th the albumen was rather less; the specific gravity of the urine was 1013. The œdema of the legs and feet was now very trifling. Diarrhœa had quite ceased. I now gave her tincture of perchloride of iron. From this date to the end of September, my notes are very much a repetition of the same; sometimes she had chloral, but she finished with iron. From June 25th, when she began to take chloral, her progress was steady and rapid. I had previously given her nitro-glycerine; and, although I had evidence of its physiological action in the increased secretion of urine, which was previously somewhat scanty, yet there was no decided improvement in her symptoms. In the first instance, I gave the chloral to relieve the diarrhœa, but the benefit to her general condition was much more marked and rapid than the arrest of diarrhœa, and the ultimate result was her speedy restoration to a comparative state of health from a very critical condition. She took on an average only six grains of chloral daily. On February 27, 1886, she remained as well as when I left off attendance.

On December 24, 1885, Mrs. W., aged forty-five, pluripara, was unable to attend to her domestic duties. She suffered from continuous dyspnœa, increased on exertion. There was anasarca of the feet, legs, thighs, and abdomen, sometimes considerable under her eyes, variable in the face. There were some anorexia and anæmia. The urine was scanty, moderately-colored, of specific gravity 1014, with a white cloud of albumen, no blood. I ordered four grains of chloral thrice daily. On January 11th, the anasarca was gone; the breathlessness was very slight, on exertion only. She passed urine in average quantity. The appetite was better. She could now attend to her domestic duties. I now gave her liquor ferri perchloridi and she rapidly regained her usual health.

E. G., a laborer, aged about forty-five, first consulted me in the middle of December suffering from anasarca, with great swelling of the scrotum, headache, diarrhœa, and tremulousness of his muscles. The urine was of specific gravity 1025, with a trace of albumen. I gave him four grains of chloral thrice daily for a month, and finally put him on tincture of perchloride of iron. In this case the anasarca and diarrhœa, etc., improved rapidly, as in the two other cases; and in none of them were any accessory measures employed.

The failure of nitro-glycerine in the first case to afford any relief is antagonistic to the theory that the benefit derived from chloral is the result of lowered arterial tension. They undoubtedly differ either in the quality or in the sphere of their physiological activity. Possibly the rhythmic action of the vessels described by Dr. Lauder Brunton may be in some way connected with the therapeutic merit of chloral. He also recognizes its value in the later stages of Bright's disease associated with sleeplessness. I find on reference to the Year Book of Treatment for 1885, that it has been recommended by Barduzzi, Dr. Wilson, etc.; but still its value in albuminuria is so little

recognized, and its merits in these three and other cases in which I have used it are so marked, that I trust I have made out a case for further investigation.—W. J. MACKIE, M.D., *British Medical Journal.*

SOME APHORISMS IN OPHTHALMOLOGY:—

1. As a local anæsthetic to mucous surfaces and open wounds, the muriate of cocaine is one of the most certain and effective agents that is known.

2. All surgical operations on the eye, except enucleation of the globe, may be performed under the influence of cocaine with as much or more safety than under other anæsthetics.

3. In all forms of iritis keep the pupil dilated.

4. In acute retinitis unaccompanied by iritis, keep the pupil contracted, in order to keep out as much light as possible.

5. The only relief for senile cataract is surgical interference.

6. The rule is that all acute purulent discharges from the conjunctiva are contagious.

7. The only proper method of testing the vision in persons possessing the power of accommodation, is to suspend that power by paralyzing it, and then pursue the usual method with the trial lenses.

8. Jequirity is a dangerous remedy as well as an unreliable one, and should not be used by unskilled persons.

9. All kinds of strong caustic applications are contraindicated in the treatment of acute purulent inflammations of the conjunctiva.

The best results are obtained by frequent cleansing with mild saline solutions, and the use of weak solutions of vegetable or mineral astringents (including nitrate of silver), a solution containing five grains of tannic acid and three grains of carbolic acid to the ounce of water, or from one-half to one grain of the sulphate of copper to the ounce of water will be found among the most efficient agents.

10. It is always good surgery to remove a foreign body from the eye, provided it is not entirely within the globe behind the iris. If a foreign body is between the iris and the cornea, prompt removal is urgently demanded.

Great care must be taken in order to avoid wounding the lens, as such an accident would be certain to result in the production of cataract. If the foreign body should be entirely within the globe behind the iris, or if it should be large and partially within the globe, the question to be settled is, whether it will be best to remove the eye or the foreign body.

If the laceration of the globe is not too great it will probably be best to remove the foreign body, and then if the globe becomes violently inflamed, or if sympathetic inflammation of the other eye should occur, remove the diseased member without delay.

11. An eye-ball that is destroyed for visual purposes, and is painful, should be removed without delay, as it may induce inflammation in the good eye, and result in its destruction.

12. Whenever there is one or more small nodules about the margin of the pupil in the iris in case of iritis, it is almost absolute evidence that the disease is syphilitic.

13. The operation of strabotomy should be performed, if possible, without general anæsthesia, because its influence so thoroughly relaxes the muscular system that it is impossible to determine when the operation is completed.

14. When the iris is wounded and is protruding, it should be cut off, and the eye kept under the influence of a mydriatic until the inflammation has subsided.

15. An unskilled person should never attempt to replace a protruding iris, as such a procedure is difficult, and there is great danger of injuring the lens and inducing cataract.

16. Surgical interference is the only means of giving permanent relief to glaucoma. Eserine will give temporary relief, and cocaine relieves the pain for a short time.

17. One of the most efficient agents in tenia-tarsi is an ointment composed of ten or fifteen grains of the yellow oxide of mercury to one-half ounce of simple cerate, or some other suitable vehicle. This is to be applied to the lids night and morning after thorough cleansing.

18. Poultices of every description are to be avoided in diseases of the eye, unless ordered by some one who is specially skilled in this line of practice.

19. Whenever there is great œdema of the conjunctiva, and particularly when this is associated with excessive purulent discharge, the membrane should be snipped in numerous places, so as to prevent the pent up fluid from escaping, and thus avoid destruction of the cornea, which is always in danger in such cases. Remember that there can be no harm done by this cutting, and if it does not give the desired relief a tarsarophy should be done.

20. In the majority of cases of strabismus, glasses are necessary as well as tenotomy, inasmuch as the strabismus in most instances is dependent on an optical defect which, if uncorrected, would cause a return of the squint.

21. It is always better to correct squint by means of properly adjusted lens than by tenotomy.—M. F. COOMES, M.D., *Medical Herald.*

OPERATIONS UPON THE RECTUM UNDER WHISKEY.—Perhaps the most painful of all surgical diseases is fissure of the anus, or irritable ulcer of the rectum. For its cure two operations are recommended, viz., divulsion of the sphincters and division with the knife. Either of these is a most painful operation, and cannot be done

without chloroform. There are many patients averse to taking an anæsthetic, and in many cases the surgeon is averse to giving it. Meeting in my practice such cases, and recognizing that an operation was imperative, I have operated a number of times by administering whiskey in lieu of chloroform. Such procedure has been limited to fissure and irritable ulcers of the rectum; but, of course, it could be practised in any affection calling for surgical treatment where an anæsthetic was necessary. It is not the purpose of this paper to discuss the moral involved, if there be any, but suffice it to say that I believe that no love for liquor or its effects would be induced, but the contrary might obtain.

The manner of administration that I have practised is, viz: Get the very best article of whiskey possible. Begin by giving on an empty stomach one or two ounces, and repeat every twenty minutes until the full effect is obtained, as is evidenced in the drowsy, sleepy condition of the patient. My experience is that it takes from eight to twelve ounces to get this effect in the adult male. Of course, habit in taking engenders a capacity for large amounts, and with this agent, as with many drugs, an idiosyncrasy may exist, which must be ascertained. Women are affected much more quickly and with less quantity than men, and children require but little whiskey to get full effect. The same can be said of the aged.

CASE I.—Judge X—, of Indiana, came to me for the treatment of a very irritable ulcer of the rectum, which was encroaching on the external sphincter muscle. For months, as he expressed it, his life had been a torture. He had cultivated a constipated habit, preferring this to the suffering that he experienced at each movement of the bowels. He objected to taking chloroform for the reason that he had been told that he had heart trouble. Although assured, after a careful examination of his heart, that he had no such trouble, he was persistent in his refusal to take an anæsthetic. He was in splendid health, excepting this local trouble. I suggested to him the whiskey plan, to which he assented. He went to his hotel and took the whiskey according to directions until he had taken one pint in one hour. I visited him and did the operation by divulsion of the sphincters, and dividing the same with the knife in addition. Being called away that night, I did not see him again for three days, at the expiration of which time I saw him in the rotunda of his hotel, and he told me that he did not remember a thing of the operation, and really did not know that I had been there until informed of the fact.

CASE II.—Dr. H— had suffered from an irritable ulceration of the rectum for a year or more. In consequence, he had abandoned his practice. Had feared the operation for the cure of his condition, because he was sure of some heart affection. He consulted me, and an examination revealed the condition that he suspected. I advised him to substitute whiskey for chloroform, and have the operation done. He consented, and I went to his home, sixty miles away, and did the operation. When I reached him he was "dead drunk," according to directions, and divulsion was freely made, with the patient not evincing by the least sign that he suffered any pain. He afterwards told me that he remembered absolutely nothing of the operation.

In this connection I desire to state that the anæsthesia necessary to divulse the sphincters in an irritable condition must be more profound than that which would be necessary to extract a cataract. This has been the observation of both Dr. Reynolds and Dr. Coomes, both of whom have given chloroform for me in these operations. Hence it is that I regard this, one of the most painful of all surgical operations; and if whiskey would answer in these, it would in major operations of surgery, especially those requiring a long time for their performance, as the effect of the agent does not soon wear off. I cite only two cases, but I have used the method in a number, and always with good result. I do not believe it advisable to use it save in those cases where for sufficient reasons the surgeon declines to use the usual anæsthetics, but I do believe that in these excepted cases it will be found an excellent substitute.

The Sphincter Muscles in Disease.—After an experience of a score of years in rectal surgery, I am more and more impressed with the importance of the part played by the sphincter muscles in disease, not only in local manifestations, but in producing obscure symptoms which oftentimes lead the physician into a false diagnosis. I desire to recite a few cases that go to prove this assertion, and add that they are but a sample of many that have fallen under my observation.

CASE I.—Mr. H. G— came to me, accompanied by his physician, from a distant town in the South. The following history was elicited: About four years before he began to suffer with cramps in the abdomen. No special attention was paid to this, nor were they at that time associated with any rectal affection. Later on the patient complained of decided dyspeptic symptoms and an aching sensation around the anus. This sensation was not particularly referable to his stools, but was more or less vaccillating as to time. Eventually pain was complained of as radiating over the sacrum and lumbar region and down the thighs. Whether imaginative or not, it was thought by the patient that his trouble was aggravated by eating, even of the most digestible diet. In consequence of this, his physician enjoined an abstemious diet, and upon this he was kept for

several years. Notwithstanding all treatment he grew gradually worse until his physician suspected malignant growth. During the interim he was sent to different watering-places, and to the sea-coast, but to no avail. He began to lose flesh rapidly, and, at the time I first saw him, had lost about forty pounds. I examined him carefully for rectal trouble, but could not find a trace, except that the sphincter grasped my finger tightly upon insertion, but the patient complained of no pain. I advised that a second examination be made, under chloroform, adding that I would attend to any trouble that might exist while he was under the anæsthetic. Having the assistance of two physicians, he was chloroformed, and with different speculums I examined the rectum, but no disease was found. Acting upon the idea that his complaint was a nervous one, I divulsed the sphincters forcibly, nothing more. The result was that ever after he ate what he pleased and complained of no more pain. He has gained flesh ever since, and to-day weighs two hundred pounds, a gain of forty.

CASE II.—Miss B— was sent to me for treatment by her physician. She was accompanied by her mother, who gave a detailed statement of her daughter's condition. From the fact that she gave such an accurate description of a painful dysmenorrhœa, and, believing that the uneasy sensation about the anus was reflex, I suggested that she consult a gynecologist. This she did; and he informed me that, in his opinion, the trouble originated and was kept up by a displaced womb. For this he had her wear a supporter and take medicines prescribed. This treatment was followed with great care for many months, but without the least benefit. She believed that her trouble was in the rectum. Seeing that she placed great stress upon this, I got her consent to take chloroform, and allow me to do whatever was necessary. To this she readily consented. Chloroform was given; no rectal disease was found, but the sphincters were forcibly dilated. She left the infirmary in one week. After three weeks her physician wrote to me, saying: "Miss B— is a changed girl; she no longer complains of anything, and is now continually on the go, where, before this, she would not venture out of the house. What did you do?"

The recitation of these two cases, I think, quite sufficient to explain that in these obscure rectal cases, with symptoms that are vague and point to other trouble, an investigation of the sphincter should be made. That which evidences that it is the source of trouble is its irritability, with or without pain, upon examination.

As a factor in producing and keeping up a constipated habit, I am sure that this state of the sphincter muscles is the greatest of all causes. The late Dr. Cowling recognized this fact, and said to me, before his death, that he believed that stretching the muscles would do much in overcoming constipation. In all cases where it has been necessary to divulse in rectal diseases, when constipation was co-existent, it has been my observation that said habit was overcome. Acting upon Dr. Cowling's suggestion, and the result as stated in these cases, I have quite often divulsed the sphincter ani muscles for long-continued constipation, always with most excellent results. Recognizing the vast amount of trouble that constipation breeds, and knowing the difficulty that is generally met with in overcoming the habit, I would respectfully advise the divulsion of the sphincters as a most excellent method of cure.—*Abstract from The Report on Rectal Diseases, read before the Kentucky State Medical Society, by* PROFESSOR J. M. MATHEWS, M.D. *American Practitioner and News.*

INTERNATIONAL CONGRESS.—CIRCULAR NO. 2.—The Ninth International Medical Congress will assemble in the City of Washington, the Capital of the United States, on Monday, September 5, 1887, at 12 o'clock noon, in accordance with the arrangements made at Copenhagen in August, 1884.

Patrons.—The President of the United States, the Hon. Grover Cleveland; the Secretary of State, the Hon. Thomas F. Bayard; the President of the Senate of the United States, the Hon. John Sherman; the Speaker of the House of Representatives of the United States, the Hon. John G. Carlisle.

PROPOSED OFFICERS OF THE CONGRESS.

President.—Nathan S. Davis, M.D., LL.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine, Chicago Medical College, and of Mercy Hospital, Chicago, Ills.

Vice-Presidents, as far as appointed.—McCall Anderson, M.D., London, England; Mr. Thomas Annandale, Professor of Clinical Surgery, Edinburgh University, Edinburgh, Scotland; Professor Dujardin-Beaumetz, M.D., Paris, France; Cuthbert Hilton Golding-Bird, M.D., Professor of Physiology, Guy's Hospital, London, England; Professor Carl Braun, M.D., Vienna, Austria; William Brodie, M.D., Emeritus Professor of Principles and Practice of Medicine and Clinical Medicine, Detroit College of Medicine, Detroit, Michigan; W. W. Dawson, M.D., Professor of Surgery and Clinical Surgery, Medical College of Ohio, Cincinnati, Ohio; Thomas M. Dolan, M.D., Halifax, England; F. R. Frazer, M.D., Professor of Materia Medica and Therapeutics, University of Edinburgh, Edinburgh, Scotland; J. A. Grant, Ottawa, Canada; J. A. S. Grant, M.D., Cairo, Egypt; A. L. S. Gusserow, M.D., Professor of Obstetrics, Berlin, Prussia; Dr. Hans Ritter von Hebra, Vienna,

Austria; Dr. E. Klein, London, England; M. Le Baron H. Larrey, Paris, France; Sir William MacCormac, Surgeon St. Thomas's Hospital, London, England; Mr. George B. McLeod, Professor of Surgery, Glasgow, Scotland; John S. McGrew, M.D., Honolulu, Hawaiian Islands; E. M. Moore, M.D., LL.D., Rochester, New York; Professor von Monseil, Bonn, Prussia; Dr. Müller, Berlin, Prussia; William Murrell, M.D., London, England; Chas. D. F. Phillips, M.D., M.R.C.S., late lecturer on Materia Medica and Therapeutics, Westminster Hospital, London, England; Richard Quain, M.D,, Professor of Anatomy, London, England; Tobias G. Richardson, M.D., Professor of General and Clinical Surgery, Medical Department Tulane University, New Orleans, Louisiana; M. P. Ricord, Paris, France; Prof. John Burdon-Sanderson, M.D., London, England; Lewis A. Sayre, M.D., Professor of Orthopædic and Clinical Surgery, Bellevue Hospital Medical College, New York; Dr. Mariano Semmola, Professor of Experimental Therapeutics, University of Naples, Italy; Dr. Leopold Servais, Antwerp, Belgium; J. M. Toner, M.D., Washington, D. C.; Dr. P. G. Unna, Hamburgh, Germany; Professor F. Winckel, Dresden, Saxony; the President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy.

Secretary-General.—John B. Hamilton, M.D., Supervising Surgeon-General of the United States Marine Hospital Service; Professor of Surgery, Georgetown University, D. C.; Professor of Surgery, Chicago Polyclinic.

Treasurer.—E. S. F. Arnold, M.D., M.R.C.S., Newport, Rhode Island.

Chairman of the Finance Committee —Richard J. Dunglison, M.D., Philadelphia, Pa.

Chairman of the Executive Committee.—Henry H. Smith, M.D., LL.D., Emeritus Professor of Surgery in the University of Pennsylvania, Philadelphia, Pa.

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Associate Secretaries of the Congress.—William B. Atkinson, M.D., Philadephia, Pa.; G. B. Harrison, M.D., Washington, D. C.

The Congress will consist of such members of the regular medical profession as shall have registered and taken out their ticket of admission, and of such other scientific men as the Executive Committee of the Congress shall deem it desirable to admit. The books for the registration of members will be open from 9 A.M. to 5 P.M., on Thursday, September 1, 1887, and on each subsequent day during the session, under the charge of the "Reception Committee." Any member desiring to anticipate this registration, can apply by letter to the secretary-general and forward his dues, with his address in full, when a receipt will be returned.

The dues of membership for residents of the United States will be ten dollars. There will be no dues for members residing in other countries. Each member will be entitled to receive a copy of the "Transactions" of the Congress, when published by the Executive Committee.

The general sessions of the Congress will be devoted to the transaction of business and addresses and communications of general scientific interest, by members appointed by the Executive Committee. A printed programme of the sessions will be presented to each member on registering. A printed order of business for each day will be issued.

The work of the various sections will be directed by the president of the section, and the order will be published in a daily programme for each section. Questions and topics that have been agreed on for discussion in the sections shall be introduced by members previously designated by the titular officers of each section. Members who have been appointed to open discussions shall present to the secretaries of the section, in advance, statements of the conclusions which they have formed as a basis for the debate.

Brief abstracts of papers to be read in the sections shall be forwarded to the secretaries of the proper section on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular list of subjects for discussion shall give notice of the same to the secretary-general at least twenty-one days before the opening of the Congress. The titular officers of each section shall decide as to the acceptance of such proposed communications, and the time for their presentation. No communication shall be received which has been already published or read before a society.

The official languages of the Congress shall be English, French, and German. Each paper or address shall be printed in the "Transactions" in the language in which it was presented. Preliminary abstracts of papers and addresses shall also be printed in the language in which it is to be delivered. All discussions shall be printed in English.

The officers of the Congress and the officers of the sections, including all foreign officers, will be nominated to the Congress by the Executive Committee, at the opening of the first session. A partial list of the officers to be nominated (except the members of council of the different sec-

tions, the list of whom is at present imperfect), is offered herewith.

The Executive Committee cordially invites members of the regular medical profession, and men eminent in the sciences collateral to medicine, in all countries, to participate, in person or by papers, in the work of this great humanitarian assembly. Communications relating to appointments for papers to be read in the Congress should be addressed to Dr. John B. Hamilton, Secretary-General of the Ninth International Medical Congress, Washington, District of Columbia. All questions or communications connected with the business of the Executive Committee should be addressed to Dr. Henry H. Smith, Chairman of the Executive Committee of the Ninth International Medical Congress, Philadelphia, Pennsylvania. Gentlemen named in any position in the Congress are requested to notify the Chairman of the Executive Committee, as soon as practicable, of any error in the name, title, or address in this circular.

Ladies in attendance with members of the Congress, and those invited by the "Reception Committee," may attend the general sessions of the Congress when introduced by a member. They will also be invited to attend the social receptions. The Executive Committee reserves the right to invite distinguished persons to any or all the meetings of the Congress. The attendance of medical students and others interested in the work of the various sections or in the general addresses delivered in the Congress, will be permitted on the recommendation of the secretary-general or the officers of a section, on their taking out from the Registration Committee a general ticket of admission, fee one dollar; but such persons cannot take part in the proceedings.

All communications and questions relating to the special business of any section, must be addressed to the president or one of the secretaries of that section. As many details of the Congress and numerous appointments of officers are yet to be completed, other circulars will be issued from time to time, as circumstances may demand.

The following is the list as at present completed:—

EXECUTIVE COMMITTEE OF THE CONGRESS.

Henry H. Smith, M.D., LL.D. (Chairman), N. S. Davis, M.D., LL.D., John B. Hamilton, M.D., E. S. F. Arnold, M.D., Richard J. Dunglison, M.D. (Secretary), Abram B. Arnold, M.D., William T. Briggs, M.D., De Laskie Miller, M.D., Ph.D., James F. Harrison, M.D., F. H. Terrill, M.D., William H. Pancoast, M.D., John H. Callender, M.D., Alonzo B. Palmer, M.D., LL.D., J. Lewis Smith, M.D., E. Williams, M.D., S. J. Jones, M.D., LL.D., William H. Daly, M.D., A. R. Robinson, M.D., Joseph Jones, M.D., Albert L. Gihon M.D., John P. Gray, M.D., LL.D., Jonathan Taft, M.D., Frederick S. Dennis, M.D., A. Y. P. Garnett, M.D.

PRESIDENTS OF SECTIONS.

General Medicine.—Abram B. Arnold, M.D., Professor of Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md.

General Surgery.—William T. Briggs, M.D., Professor of Surgery, University of Nashville, Nashville, Tenn.

Military and Naval Surgery and Medicine.—Henry H. Smith, M.D., LL.D., Emeritus Professor of Surgery, University of Pennsylvania, and formerly surgeon-general of Pennsylvania, Philadelphia, Pa.

Obstetrics.—De Laskie Miller, M.D., Ph.D., Professor of Obstetrics, Rush Medical College, Chicago, Ill.

Gynecology.—James F. Harrison, M.D., Profesor of Obstetrics, etc., University of Virginia, Va.

Therapeutics and Materia Medica.—F. H. Terrill, M.D., Professor of Therapeutics, University of California, San Francisco, Cal.

Anatomy.—William H. Pancoast, M.D., Professor of General, Descriptive, and Surgical Anatomy, Medico-Chirurgical College, Philadelphia, Pa.

Physiology.—John H. Callender, M.D., Professor of Physiology and Psychology, University of Nashville, Nashville, Tenn.

Pathology.—Alonzo B. Palmer, M.D., LL.D., Professor of Pathology, University of Michigan, Ann Arbor, Mich.

Diseases of Children.—J. Lewis Smith, M.D., Professor of the Diseases of Children, Bellevue Hospital Medical College, New York, N. Y.

Ophthalmology.—E. Williams, M.D., Professor of Ophthalmology, Miami Medical College, Cincinnati, Ohio.

Otology.—S. J. Jones, M.D., LL.D., Professor of Ophthalmology and Otology, Chicago Medical College, Chicago, Ill.

Laryngology.—William H. Daly, M.D., Pittsburgh, Pa.

Dermatology and Syphilis.—A. R. Robinson, M.D., Professor of Dermatology, New York Polyclinic, and of Histology and Pathological Anatomy, Woman's Medical College of the New York Infirmary, New York, N. Y.

Public and International Hygiene.—Joseph Jones, M.D., Professor of Chemistry and Clinical Medicine, Tulane University, ex-president Board of Health, New Orleans, La.

Medical Climatology and Demography.—Albert L. Gihon, M.D., Medical Director United States Navy.

Psychological Medicine and Nervous Diseases.—John P. Gray, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence, Bellevue Hospital Medical College, Utica, N. Y.

Dental and Oral Surgery.—Jonathan Taft, M.D., Professor of Dental and Oral Surgery, University of Michigan, Ann Arbor, Mich., Cincinnati, Ohio.

VICE-PRESIDENTS OF SECTIONS.

General Medicine.—W. W. Cleaver, M.D., Kentucky; J. A. Octerlony, M.D., Kentucky; P. G. Robinson, M.D., Missouri; Thomas F. Rochester, M.D., New York; Preston B. Scott, M.D., Kentucky.

General Surgery.—Professor Filanus, Holland; Moses Gunn, M.D., Illinois; J. W. Hamilton, M.D., Ohio; W. H. Hingston, M.D., Canada; James M. Holloway, M.D., Kentucky; J. C. Hutchison, M.D., New York; N. S. Lincoln, M.D., District of Columbia; Donald MacLean, M.D., Michigan; Donald Macrea, M.D., Iowa; M. Storrs, M.D., Connecticut.

Military and Naval Surgery and Medicine.—C. J. Cleborne, M.D., United States Navy; E. H. Gregory, M.D., Missouri; W. T. Hord, M.D., United States Navy; Frederick Hyde, M.D., New York; G. L. Porter, M.D., Connecticut; William E. Taylor, M.D., United States Navy; Edward Warren-Bey, M.D., France; B. A. Watson, M.D., New Jersey.

Obstetrics.—Gustav Braun, M.D., Austria; P. Budin, M.D., France; J. Galabin, M.D., England; John Goodman, M.D., Kentucky; W. M. Knapp, M.D., Nebraska; R. Lowry Sibbett, M.D. Pennsylvania; Isaac E. Taylor, M.D., New York.

Gynecology.—N. Bozeman, M.D., New York; Henry O. Marcy, M.D., Massachusetts; T. A. Reamy, M.D., Ohio; H. R. Storer, M.D., Rhode Island.

Therapeutics and Materia Medica.—Henry M. Field, M.D., New Hampshire; Albert Frické, M.D., Pennsylvania; George Gray, M.D., Ireland.

Anatomy.—C. W. Kelly, M.D., Kentucky; Samuel Logan, M.D., Louisiana.

Physiology.—

Pathology.—Andrew Fleming, M.D., Pennsylvania; J. B. Johnson, M.D., Missouri; Henry F. Lyster, M.D., Michigan.

Diseases of Children.—William B. Atkinson, M.D., Pennsylvania; William G. Booker, M.D., Maryland; William H. Day, M.D., England; Dr. Cadet de Gassicourt, France; Dr. J. Grancher, France; Dr. Edward Henoch, Prussia; Adoniram B. Judson, M.D., New York; J. P. Oliver, M.D., Massachusetts; Eustace Smith, M.D., England; Charles West, M.D., England; Joseph E. Winters, M.D., New York.

Opthalmology.—A. W. Calhoun, M. D., Georgia; J. J. Chisholm, M.D., Maryland; P. D. Keyser, M.D., Pennsylvania; Dudley S. Reynolds, M.D., Kentucky.

Otology.—

Laryngology.—M. F. Coomes, M.D., Kentucky; J. H. Hartman, M.D., Maryland; J. O. Roe, M.D., New York; E. L. Shurley, M.D., Michigan; G. V. Woolen, M.D., Indiana.

Dermatology and Syphilis.—James M. Keller, M.D., Arkansas; John V. Shoemaker, M.D., Pennsylvania; George Thin, M.D., London, England.

Public and International Hygiene.—A. Nelson Bell, M.D., New York; John Berrien Lindsley, M.D., Tennessee; J. N. McCormack, M.D., Kentucky; J. F. Y. Paine, M.D., Galveston, Texas; Benjamin W. Richardson, M.D., England; John Simon, M.D., England; J. W. Thudicum, M.D., England.

Medical Climatology and Demography.—Dr. A. Chervin, Paris, France; Traill Green, M.D., Pennsylvania; John H. Hollister, M.D., Illinois.

Psychological Medicine.—Julius Althaus, M.D., England; R. H. Chase, M.D., Pennsylvania; Eugene Grissom, M.D., North Carolina; John C. Hall, M.D., Pennsylvania; P. A. Hooper, M.D., Arkansas; J. S. Jewell, M.D., Illinois; S. S. Schultz, M.D., Pennsylvania.

Dental and Oral Surgery.—W. W. Allport, M.D., Illinois; S. W. Dennis, M.D., California; C. L. Ford, M.D., Michigan; H. L. McKellops, M.D., Missouri; A. T. Metcalf, M.D., Michigan; W. H. Morgan, M.D., Tennessee; A. L. Northrop, M.D., New York; L. D. Shepard, M.D., Massachusetts.

SECRETARIES.

General Medicine.—J. W. Chambers, M.D., Baltimore, Maryland.

General Surgery.—Dudley P. Allen, M.D., Cleveland, Ohio; Carl Mayde, M.D., Germany; J. R. Weist, M.D., Richmond, Ind.; A. H. Wilson, M.D., South Boston, Mass.

Military and Naval Surgery and Medicine.—J. McF. Gaston, M.D.. Atlanta, Georgia; E. A. Wood, M.D., Pittsburgh, Pa.

Obstetrics.—A. Charpentier, M.D., Paris, France; T. Felsenreich, M.D., Vienna, Austria; W. W. Jaggard, M.D., Chicago, Ill.; John Williams, M.D., London, England.

Gynecology.—Ernest W. Cushing, M.D., Boston, Mass.

Therapeutics.—Frank Woodbury, M.D., Philadelphia, Pa.

Anatomy.—Henry Morris, M.D., Philadelphia, Pa.

Physiology.—R. W. Bishop, M.D., Chicago, Ill.

Pathology.—H. M. Biggs, M.D., New York, N. Y.; T. N. Himes, M.D., Cleveland, Ohio.

Diseases of Children.—Dillon Brown, M.D., New York.

Ophthalmology.—S. C. Ayres, M.D., Cincinnati, Ohio.

Otology.—S. O. Richey, M.D., Washington, D. C.

Laryngology. — William Porter, M.D., St. Louis, Missouri.

Dermatology.—W. T. Corlett, M.D., Cleveland, Ohio; F. E. Daniel, M.D., Austin, Texas.

Public and International Hygiene.—George H. Rohé, M.D., Baltimore, Md.; Walter Wyman, M.D., U. S. Marine Hospital Service, New York, N. Y.

Climatology and Demography.—Charles Denison, M.D., Denver, Colorado; James F. Todd, M.D., Chicago, Illinois.

Psychological Medicine.—E. D. Ferguson, M.D., Troy, N. Y.; E. Landolt, M.D. (Berlin, Prussia), Paris, France.

Dental and Oral Surgery.—Edward A. Bogue, M.D., New York, N. Y.; S. F. Rehwinkle, M.D., Chillicothe, Ohio.

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By order of the Executive Committee of the Congress.

HENRY H. SMITH, Chairman.
RICHARD J. DUNGLISON, Secretary.

TO THE PRESIDENT OF THE CONGRESS:

Dear Sir: In accordance with the request of Dr. Joseph Jones, of New Orleans, La., president of the XIVth Section of the Ninth International Medical Congress, I will investigate the important questions embraced under Section VI. of the inquiries prepared for the Council of this section by Dr. Jones. In order to throw light upon these important questions, I have, upon consultation with the president of the XIVth Section, drawn up the following questions, relating chiefly to the effects of overflows and rice culture upon the public health; and in order to obtain reliable information, I address the following interrogations to the medical men in those localities, and respectfully request, as early as possible, a full and specific answer to each question:—

Question 1. How long have you been cognizant of the results of overflows of the Mississippi River and its tributaries upon the public health?

2. Have you closely observed the effects of said overflows upon the public health?

3. Have you generally or uniformly observed an increase of sickness immediately succeeding these overflows?

4. If so, what disease? Their character and type?

5. What local or general conditions (including topography) have you noted, controlling or modifying the effects of the overflows upon the public health?

6. Have you kept statistics of the number and dates of these overflows, and the cases of sickness (if any) resulting therefrom? If so, please give these statistics.

7. What is your experience of the effects of rice culture upon the public health? and what the rate of death per thousand population before and since the commencement of rice culture?

8. Has malarial hæmaturia increased in frequency and severity during the past forty years? And is said increase due to the increased cultivation of rice in the delta of the Mississippi River, or in other localites where rice is cultivated?

9. What effect has the camping and working of State prisoners in the low lands and swamps had upon said prisoners, held by Louisiana, Arkansas, Mississippi, or other States so employing their prisoners?

10. How many deaths have been caused among State prisoners by malarial diseases, directly traceable to exposure to the malaria of the swamps?

11. Give facts bearing upon the relative effects of overflows and rice culture upon the colored and white races?

12. Relations of drinking water to the health of the inhabitants of rice, sugar, and cotton plantations? Effects of swamp water? effects of cistern, well, and spring water for drinking purposes?

13. The best means of protecting the health of the laborers and inhabitants in such localities?

The physicians of the valley of the Mississippi River and the rice regions of Arkansas, of Alabama, Georgia, North and South Carolina, Florida, and Texas, are earnestly requested to furnish their replies to

RICHARD H. DAY, M.D.,
Baton Rouge, La. P. O. Box 181.

COMMERCIAL NEWS.

Ingluvin.

A very learned name for a remedy is ingluvin. It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals. The honor of its discovery and utilization, in its crude state, remotely dates with the Chinese gastronomer, as well as to the Caucasian chemist, in its refined condition. From time immemorial the inhabitants of the Celestial Empire have used the gizzard of chickens and ducks in nearly all made dishes. Their writers have recommended the practice as a sovereign treatment of dyspepsia, weak stomach, and vomiting. A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century. On the other hand, the organic chemists of Europe discovered, about 1850, a powerful nitrogenous radical in the gizzard. Experiments thereafter showed it to possess many of the qualities of pepsin. These experiments led to to its isolation. Numberless experiments have proven it to be a very valuable addition to therapeutics. Where pepsin refuses to act, and where, in severe cases, it has even been rejected by the stomach, ingluvin effected relief rapidly and with the greatest ease.

In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Dr. George Everson, Jr., a well known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, ingluvin stayed the retching, and enabled them to retain and digest food.

Dr. Lansing reports a similar experience in several cases of acute dyspepsia.

A priori, it would seem as if ingluvin should be more efficient and potent than pepsin in many cases of physical disorder.

Our poultry are chiefly granivores and have no beak nor other buccal apparatus for crushing the hard grain and seeds on which they so largely feed. The food is swallowed when apprehended and passes directly into the crop or gizzard, This seems to act both mechanically and chemically. Its interior walls are covered by a dense hard, cultous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather, than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls, and the gravel and their interior is exposed to the chemical action of the ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinaceæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid rather than that of the sublingual and submaxillary glands of the human being, it would seem as if ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the far-seeing chemists, William R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical profession. The American Analyst bespeaks for it the same appreciation by its readers. We extract the following:—

Professor Roberts Bartholow, M.A., M.D., LLD., in his late work on "Materia Medica and Therapeutics," says: "Ingluvin. This is a preparation from the gizzard of the domestic chicken —*ventriculus callosus gallinaceus*. Dose, gr. v.—ʒj."

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy. It is a stomachic tonic, and relieves indigestion, flatulence, and dyspepsia.

The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—From the *American Analyst*, August 1, 1886.

In the decline of life, when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one-half to one teaspoonful of Bromidia at bedtime. It may be taken for years in the same dose, with the same effect, and without detriment.

A Conquest of Chemistry.

Heretofore, to the best of our knowledge, there has never been manufactured an emulsion of cod-liver oil that was not subject to more or less separation of the oil from the vehicle under certain conditions of temperature. To patients who were not familiar with the properties of all cod-liver oil preparations this separation of the oil has been an objection, and in fact, has created in many cases a suspicion that the preparation itself had undergone changes depriving it of its therapeutic value. This has been a continuous source of annoyance to the medical profession as well as to druggists, and one, too, from which there was promised no relief. However, Messrs. William F. Kidder & Co., of New York, after several years of investigation and experimentation with hydroleine (hydrated oil), have finally succeeded in overcoming this objection by making hydroleine so that it will keep indefinitely and withstand any degree of heat or cold without the slightest separation of the oil. Although the process of manufacture has been changed, to improve the keeping qualities of the drug, the preparation remains the same as before, with the exception of a slight change in its consistency, it being somewhat thicker than formerly; but the most important consideration being its therapeutic effect, the question naturally suggests itself—has this improvement in the pharmacy of the preparation been made at the expense of its medicinal qualities? We are pleased to say that it has not detracted from its therapeutic value in the slightest, and hydroleine is just as effective as ever. We can give it no better testimonial than to say "it is as good as ever," for its usefulness in all cases where cod-liver oil is indicated is too well established to need any comment. We have never heard any objection to hydroleine, except that it would separate, the same as other cod-liver oil preparations, and now that its manufacturers have overcome this we believe that the profession have only to be made acquainted with the improvement to insure their appreciation of the change in the preparation, the enterprise of its manufacturers, and to prescribe hydroleine whenever cod-liver oil is indicated.

Chronic Starvation.

Upon whatever other points they may differ, authorities on dietetics agree that nitrogen is the most essential of all foods, and that a certain amount should be taken regularly. Diminution of the quantity of food, whether from inability to procure it, or a disinclination for it, generally means decrease or absence of nitrogen. That this leads to dire results is a well established fact. Graily Hewitt, in an address on "Chronic Starvation and Delicate Females," before the British Medical Association, said: "For the last ten years or more I have carefully inquired into the history of patients suffering with uterine and ovarian disease, or some affection incidental to child-bed, and I have found a continuous insufficiency of food, especially the nitrogenous, to have existed almost universally, so that I have naturally come to regard this chronic starvation as an important factor in disease."

The serious troubles arising from insufficient nourishment are also shown in a marked manner in the case of delicate females during gestation, a large proportion of whom are so enfeebled by the constantly recurring paroxysms of vomiting and the consequent diminution of food assimilation, that when the period of parturition arrives they are so reduced in strength as to be peculiarly susceptible to the attacks of disease incident to child-birth, and the offspring is ushered into the world puny and feeble, and especially liable to a complication of physical evils solely attributable to its starved and anæmic condition.

Colden's Liquid Beef Tonic contains precisely the elements indicated by Dr. Hewitt as being so essential, combined with citrate of iron, cinchona, and simple aromatics, forming at once a palatable nutriment and reliable tonic, and its range of usefulness embraces all cases of debility of whatever origin. It has been in use fifteen years, and those who have used it most are most emphatic in its praise.—*Massachusetts Medical Journal*, Boston, Mass., June, 1886.

Alkatrits, Alkametric Granules, and Alkadermic Pellets.

Messrs. F. Stearns & Co., of Detroit, Mich., have introduced a new series of preparations of the alkaloids employed in medicine, which they term alkatrits, alkametric granules, and alkadermic pellets. They consist of powders, granules, and pellets, which contain the minimum dose of the medicament indicated, combined with a sufficient quantity of cane sugar to render them unobjectionable to the most fastidious patient. They are elegant in appearance, reasonable in price, and enable the physician to administer accurate doses of positive remedies with ease and convenience. Messrs. F. Stearns & Co., will take pleasure in furnishing samples of these preparations by mail, post prepaid, to physicians desirous of testing their merits.

I used Peacock's Bromides in a case of meningitis when everything else had failed, and the result was splendid, the child recovering under the use of it alone.

G. T. VanCleve, M.D.,
Malden, Mo.